

**Annual Cultural Competency Plan:  
Narrative Report  
FFY2013 – 2014:**

**November 30, 2013**

**Submitted Pursuant to AHCCCS Contract:  
Cultural Competency Plan FFY2013-2014 Submission Component**

**State of Arizona  
Department of Health Services/  
Division of Behavioral Health Services  
Cultural Competency  
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**Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS)**  
**Cultural Competency Plan Report: Narrative FFY2013-2014**

**I. Introduction:**

The mission of the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) referred to as the Division, is to provide strong clinical and administrative leadership for Arizona that: recognizes and promotes behavioral health as an integral factor in overall health and wellness; promotes innovative, high-quality, culturally responsive, outcome-based services provided to a diverse population who may face multiple challenges; delivers objective and effective customer service; promotes and fosters recovery, independence and empowerment for service recipients; increases meaningful peer and family voice and involvement; facilitates ongoing and effective clinical supervision for the workforce in the community; emphasizes the importance of accountability for the timeliness and quality of services provided; emphasizes the importance of accountability for the responsible use of finite financial resources; and attracts and retains a caring and highly competent workforce.

As a result, the Division continues to develop an inclusive cultural competency plan with a focus on an infrastructure that is continuously evolving to meet the unique cultural and linguistic needs of individuals served by the public behavioral health system, which includes, underserved/underserved populations and federal, national, state, Tribal/Regional Behavioral Health (T/RBHA), provider, individual and community.

Specifically, the Division has created a data-driven, action-focused, and outcome-based Cultural Competency Plan (CCP). The CCP is a comprehensive document which includes: Federal rules, State requirements, Affordable Care Act (ACA) requirements, Centers for Medicare and Medicaid Services (CMS) requirements, Arizona Health Care Cost Containment System (AHCCCS) contract requirements, AHCCCS Policy requirements, AHCCCS Corrective Action Plan requirements, Grant requirements, Culturally and Linguistically Appropriate Services (CLAS) standards and Limited English Proficiency (LEP) standards. In addition, the Tribal/Regional Behavioral Health Authorities (T/RBHAs) are contractually required to create, implement and track a cultural competency plan detailing how culturally and linguistically appropriate services are delivered, monitored and reviewed for effectiveness as outlined in the Division's Cultural Competency Policies and Plans.

**II. Cultural Competency Plan (CCP) Components:**

The development of the Cultural Competency Plan is based on current initiatives in the field of cultural competency with a focus on: national level priorities, federal mandates, state statutes, contractual requirements, and initiatives developed by internal and external stakeholders, T/RBHAs, providers, community and experts in cultural competency. In addition, reviews are conducted continuously by the Office Chief of Cultural Competency in collaboration with: Cultural Competency Steering Committees, Cultural Competency Operations Committees, T/RBHA Cultural Diversity Directors, Stakeholders and the Community. Modifications are made to the CCP throughout the year as projects and/or activities are completed, gaps are analyzed, and needs are identified.

The CCP consists of three key components: 1. "The Narrative" outlines definitions and background components, 2. The "Work Plan: Requirements Guide," and 3. The "Work Plan: Initiatives" outlines the goals, initiatives, action steps/strategies to implement cultural competency requirements with measurable outcomes.

**1. The Narrative-**

The narrative details, defines and outlines the background and components of the Cultural Competency Plan and cultural competency reports.

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**2. Work Plan: Requirements Guide-**

The Work Plan Requirements Guide outlines applicable regulations to Cultural Competency. The attached document includes: Arizona Healthcare Cost Containment System (AHCCCS) Contract, AHCCCS Contractor Operations Manual (ACOM), AHCCCS Medical Policy Manual (AMPM), Centers for Medicare and Medicaid Services (CMS), Culturally and Linguistically Appropriate Services (CLAS) National Standards, Grant, and Federal Rules and State Requirements. Intended use of the document is as a reference and utilized as a resource for creating new initiatives and modifying existing initiatives while complying with federal, national, state, policy and contract standards and requirements.

**3. Work Plan: Initiatives Guide-**

The Work Plan Initiatives document outlines goals, strategic plan timelines and initiative activities with measurable outcomes. In addition, it identifies assigned parties who support in continued collaboration efforts and completion of targeted initiatives. The work plan is a "living" document which allows for modifications to projects, activities, and accomplishments as goals are reached, gaps are identified, and needs are met with the overall goal of improving culturally and linguistically competent coordination of care and provision of services to individuals accessing and receiving services.

**III. Data Components:**

Implementing a systemwide cultural competency plan in a complex service delivery structure such as Arizona requires effective oversight, monitoring, and continuous analyses. For this reason, THE DIVISION reviews multiple data feeds on a recurring basis, conducts extensive demographic and service utilization reviews, and publishes various reports detailing system performance. These reports are available to the general public and/or are accessible at <http://www.azdhs.gov/bhs>.

**1. Annual Diversity Report-**

Is a comprehensive analysis of statewide underserved/underrepresented populations within the public health behavioral health system. Information from the Client Information System (CIS) is gathered with focus on demographic, programmatic, access to care, and service utilization areas. The data provides a baseline to explore the diversity in Arizona's services systems, while providing the opportunity to initiate further discussions on the importance of cultural (i.e. age, ethnicity, race, national origin, sex (gender), gender identity, sexual orientation, tribal affiliation, disability) needs as vital elements in the coordination of care, provision of services, and culturally responsive and effective care.

**2. The Semi-Annual Language Services Report-**

The report captures language access services which include: primary languages, deafness (with deafness and without deafness), hard of hearing, sign language and oral interpretive services, number of sign language and oral interpretive units, cost of sign language and oral interpretive units, mental health services (traditional healing services), number of mental health services units; all information is provided in categories of race, ethnicity, and age listed by T/RBHA and provider. In addition, written translation services, languages available, bilingual staff (including the language proficiencies), and a provider list of rate per service units. The report is produced on a semi-annual basis by the T/RBHAs and a workgroup tracks and trends the information throughout the year to assist with planning of activities based on need.

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**3. Cultural Competency and Workforce Development Quarterly Report-**

The T/RBHAs are provided a report template which includes data and analysis specific to their region. Quarterly, the T/RBHAs submit reports to the Division within categories defined within the Cultural Competency Work Plan Initiatives section: Education and Training, Collaborative Partnerships with Community Based Organizations, System Health Integration, Communication, Marketing and Outreach, Data Collection and Report Production, and Policies, Procedures and Regulations. Information reported connects data to initiatives and activities occurring within the specific geographic service regions. In addition, data is provided within categories of race, ethnicity and age groups, providing insight into areas working both effectively and ineffectively. Focus on these areas allows the Division and the T/RBHAs to review and analyze outreach efforts and initiatives impacting diverse communities and assists in the monitoring of initiatives and deliverables throughout the year. The quarterly reports are reviewed and utilized by the Cultural Competency Committees to assist in the development and implementation of culturally and linguistically appropriate services.

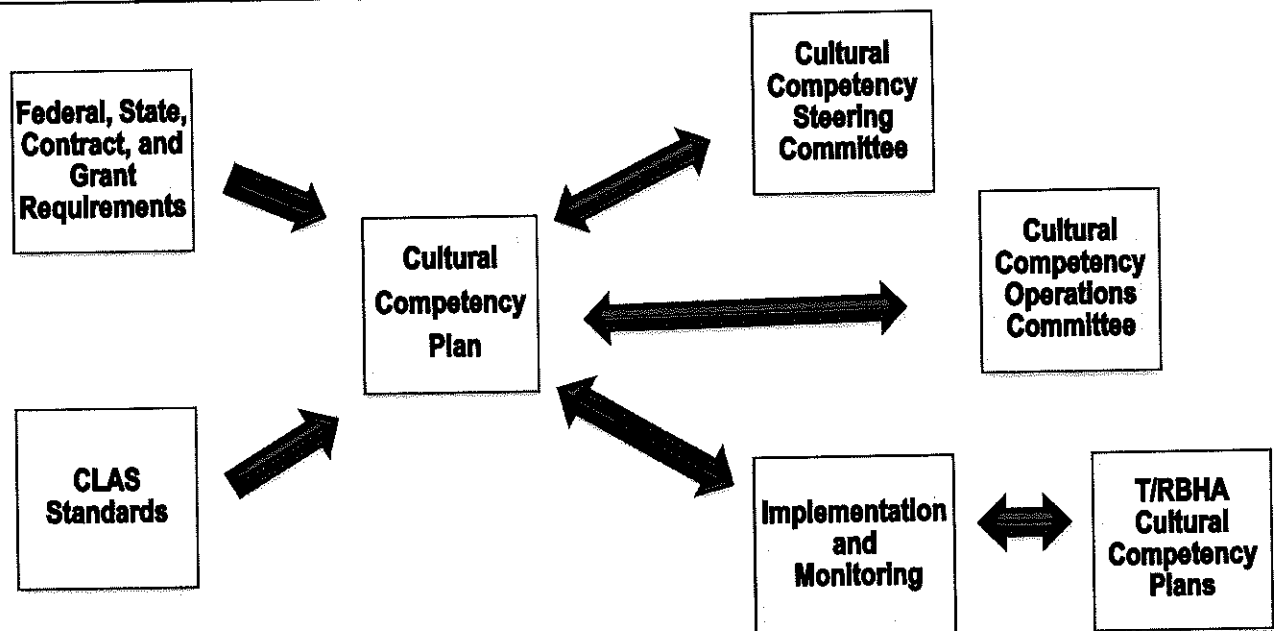
**4. The Annual Effectiveness Review of the Cultural Competency Plan Report-**

The report provides insight to the strengths, gaps and needs within cultural competency services. The primary focus is to address areas identified as a gap and/or need in the previous year's plan and assists in developing the upcoming cultural competency plan. The report assists in the monitoring of the T/RBHAs' goals as attainable and accomplished with an understanding of their geographical service area. A focus on data and measurable outcomes is imperative in understanding what drives a system and in providing culturally relevant services to persons accessing the behavioral healthcare system.

**IV. Summary:**

Culture, language, stigma, geographical service areas, and society play pivotal roles in recovery and wellness. Understanding the impact and importance of cultural and linguistic needs of underserved/underrepresented populations and all persons accessing and receiving services in the mental health system supports whole health and wellness.

**V. Cultural Competency Plan Layout:**



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**Cultural Competency Plan FFY2013 – 2014 Work Plan: Requirements Guide**

#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
<b>1</b>	<b>ARIZONA HEALTHCARE COST CONTAINMENT SYSTEM (AHCCCS) Contract Requirements</b>			
1.1 D(8) Pg. 39	To ensure mainstreaming of AHCCCS members, ADHS/DBHS shall take affirmative action so that members are provided covered services without regard to payer source, race, color, creed, gender, religion, age, national origin (to include those with limited English proficiency), ancestry, marital status, sexual preference, genetic information, or physical or mental illness.	Education & Training <sup>1</sup> , Coll. Partners. & CBO <sup>2</sup> , System Health Integ. <sup>3</sup> , Comm./Mark./Outreach <sup>4</sup> , Data Coll. & Rep. Prod. <sup>5</sup> , Policies, Proc. & Regs. <sup>6</sup>	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs Standard Terms and Conditions, member handbook, provider manuals, and policies and procedure manuals. 2. Requirement monitored through the grievance and appeals processes.
1.2 D(17) Pg. 60 - kk. 10	Provider network policies: Ensuring that information is collected on the cultural needs of communities and that the provider network adequately addresses identified cultural needs.	System Health Integ., Policies, Proc. & Regs..	ADHS: DBHS T/RBHAs	1. Provider Network Development and Management Plan: assesses network sufficiency for services to members; including cultural needs. 2. Requirements in the T/RBHA contracts/IGAs SOW. 3. Monitored through the Cultural Competency and Workforce Development Quarterly Reports.
1.3 D(18) Pg. 60	ADHS/DBHS shall make every effort to ensure that all information prepared for distribution to members is written using an easily understood language and format and as further described in the ACOM Member Information Policy, as applicable. Regardless of the format chosen by ADHS/DBHS, the member information must be printed in a type, style and size, which can easily be read by members with varying degrees of visual impairment. ADHS/DBHS must notify its members that alternative formats are available and how to access them.	Comm./Mark./Outreach, Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals. 2. ADHS/DBHS has information provided on the agency website, brochures, and signage. 3. ADHS/DBHS has a compliance process for reviewing and approving information materials.
1.4 D(18) Pg. 60-61	All member informational materials shall be reviewed for accuracy and approved by ADHS/DBHS prior to distribution to members. All materials shall be translated when ADHS is aware that a language is spoken by 3,000 individuals or ten percent (10%), whichever is less, of members in a geographic area who also have Limited English Proficiency (LEP). All vital material shall be translated when ADHS/DBHS is aware that a language is spoken by 1,000 or five percent (5%) (Whichever is less) of members in a geographic area who also have LEP. Vital materials must include, at a minimum, Notices of Action, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, informed consent, and all grievance, appeal and request for state fair hearing information included in the Grievance System Standards and Policy. When there are program changes, notification will be provided to the affected Title XIX and Title XXI members at least 30 days before implementation.	Education & Training, Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. ADHS/DBHS has a compliance process for reviewing and approving information materials. 3. Log/inventory of materials that have been translated into other languages. 4. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis. 5. Monitored in performance data validations, verify that printed materials are available in alternative formats and easily accessible.

<sup>1</sup> Education & Training = Education and Training

<sup>2</sup> Coll. Partners. & CBO= Collaborative Partnerships with Community Based Organizations

<sup>3</sup> System Health Integ.= System Health Integration

<sup>4</sup> Comm./Mark./Outreach= Communications, Marketing and Outreach

<sup>5</sup> Data Coll. & Rep. Prod.= Data Collection and Report Production

<sup>6</sup> Policies, Proc. & Regs.= Policies, Procedures and Regulations

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
1.5 D(18) Pg. 61	ADHS/DBHS shall ensure that interpreters of any language are available free of charge for members to ensure appropriate delivery of covered services. ADHS/DBHS shall ensure members are provided with information instructing them how to access these services.	Education & Training , System Health Integ., Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Consumer satisfaction surveys contain questions related to interpretation services for analysis and reporting. 3. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis. 4. ADHS/DBHS has information provided on the agency website, brochures, and signage.
1.6 D(18) Pg. 61	ADHS /DBHS and subcontractors shall make every effort to ensure that all information prepared for distribution to members is written using an easily understood language and format and as further described in the ACOM Policy 404 [42 CFR. 438.10(b)(1)]. Regardless of the format chosen by ADHS/DBHS and subcontractors, the member information must be printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiency. ADHS/DBHS and its subcontractors must notify its members that alternative formats are available and how to access them [42 CFR 438.10(d)(1)(i) and (ii), 42 CFR 438.10(d)(2)].	Education & Training, Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals. 2. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis. 3. Requirements monitored through performance data validations to verify that printed materials are available in alternative formats and easily accessible. 4. Provider Network Development and Management Plan: assesses network sufficiency for services to members; including linguistic needs.
1.7 D(18) Pg. 61	Provider Network: ADHS/DBHS shall ensure that within 12 business days of their first service members are provided with a description of the provider network.	Education & Training, System Health Integ., Comm./Mark./Outreach , Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Provider Network Development and Management Plan: assesses network sufficiency for services to members; including linguistic needs. 2. Requirements in the T/RBHA contracts/IGAs SOW. 3. Monitored within the Quality and Integration Plans. 4. Monitored within the System of Care Plans.
1.8 D(18) Pg.61	The availability of interpretation services for oral interpretation at no cost to the member and how to obtain these services.	Education & Training, Col. Partners. & CBO, System Health Integ., Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs..	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals. 2. Consumer satisfaction surveys contain questions related to interpretation services at no cost to the member and in a timely manner, information utilized for analysis and reporting. 3. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
1.9 D(18) Pg. 61	Regardless of the format chosen by ADHS/DBHS and subcontractors, the member information must be printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiency. ADHS/DBHS and its subcontractors must notify its members that alternative formats are available and how to access them. ADHS/DBHS shall adhere to the requirements for Social Networking and Broadcast activities as described in ACOM Policy 425.	Education & Training , Coll. Partners. & CBO, System Health Integ. , Comm./Mark./Outreach , Data Coll. & Rep. Prod. , Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Requirements monitored through performance data validations to verify that information is printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiencies.
1.10 D(18) p. 61	The Contractor and its subcontractors must notify its members that alternative formats are available and how to access them. [42 CFR 438.10(d) (1)(i) and (ii), 42 CFR 438.10(d)(2)].	Education & Training, Coll. Partners. & CBO, System Health Integ. , Comm./Mark./Outreach, Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Requirements monitored through performance data validations to verify that information is printed in a type, style, and size which can be easily read by members with varying degrees of visual impairment or limited reading proficiencies.
1.11 D(18) (bb) Pg. 61	The availability of printed materials in alternative format and how to access them. ADHS/DBHS should review materials to ensure: (Part C.) the information is culturally sensitive	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Requirements monitored through performance data validations to verify that printed materials are available in alternative formats and easily accessible.
1.12 D (18) p. 62	The Contractor shall ensure compliance with any applicable Federal and state laws that pertain to member rights and ensure that its staff and subcontractors take those rights into account when furnishing services to members. The Contractor shall ensure that each member is guaranteed the right to annually request and receive a copy of the member's medical record, at no cost, and to request that they be amended or corrected, as specified in 45 CFR Part 164. The Contractor shall ensure that each member is free to exercise their rights and that the exercises of those rights do not adversely affect the way the Contractor or its subcontractors treat the member. [42 CFR 438.100(c)].	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals. 2. Consumer satisfaction surveys contain questions related to interpretation services at no cost to the member and in a timely manner, information utilized for analysis and reporting. 3. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.
1.13 D(20) Pg. 63	ADHS/DBHS shall ensure compliance with a Cultural Competency Plan, which meets the requirements of the ACOM Policy 405. An annual assessment of the effectiveness of the plan, along with any modifications to the plan, must be submitted to the DHCM Operations Unit, as specified in Attachment F3, Contractor Chart of Deliverables. This plan shall address cultural considerations and limited English proficiency for all services and settings [42 CFR 438.206(c) (2)].	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS	1. ADHS/DBHS Cultural Competency Plan includes, AHCCCS, AHCCCS ACOM, AHCCCS AMPM, AHCCCS CAP, CMS, Grant, CLAS, and Federal and State requirements. ADHS/DBHS has developed initiatives based on requirements. 2. Requirement is monitored through the Cultural Competency Plan and Annual Effectiveness Review of the Cultural Competency Plan Report.

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
1.14 D(20) Pg. 63	Cultural Competency Plan: ADHS/DBHS shall ensure compliance with a Cultural Competency Plan which meets the requirements of the ACOM Policy 405. An annual assessment of the effectiveness of the plan, along with any modifications to the plan, must be submitted to the DHCM Operations Unit, as specified in Attachment F3, Contractor Chart of Deliverables. This plan shall address cultural considerations and limited English proficiency for all services and settings [42 CFR 438.206(c)(2)].	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. ADHS/DBHS Cultural Competency Plan includes, AHCCCS, AHCCCS ACOM, AHCCCS AMPM, AHCCCS CAP, CMS, Grant, CLAS, and Federal and State requirements.</li> <li>2. ADHS/DBHS has developed initiatives based on these requirements.</li> <li>3. T/RBHAs will develop cultural competency plans with initiatives based on the requirements set forth in the ADHS/DBHS cultural competency plan.</li> <li>4. Cultural Competency Steering Committee CCSCs and Cultural Competency Operations Committees (CCOCs) assist in identification of strengths, gaps, and needs, as applicable.</li> </ol>
1.15 D(23) Pg. 73	Cultural Competency-Members'/Families' cultural preferences are assessed and included in the development of treatment plans.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals.</li> <li>2. Customer satisfaction surveys; analyses to monitor and redirect T/RBHAs efforts.</li> <li>3. Monitored through Quality and Integration plans.</li> <li>4. Monitored through the System of Care plans.</li> </ol>
1.16 D(24) Pg. 76	Upon request, ADHS/DBHS shall ensure outreach and dissemination of information to the general public, other human service providers, county and state governments, school administrators and teachers and other interested parties regarding behavioral health services available to Title XIX and Title XXI members.	Education & Training, Coll. Partners. & CBO, Comm./Mark./Outreach, Policies, Proc. & Regs.	ADHS: DBHS	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals.</li> <li>2. Monitored through the Cultural Competency and Workforce Development Quarterly Reports.</li> <li>3. ADHS/DBHS has information provided on the agency website, brochures, and signage.</li> </ol>
1.17 D(26) Pg. 76	Information to enrollees must meet cultural competency and limited English proficiency requirements.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals.</li> <li>2. Requirements monitored through performance data validations to verify behavioral health recipient cultural competency and limited English proficiency requirements are met.</li> </ol>



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1.18 D(27) Pg. 77	ADHS/DBHS shall establish a process to identify essential minimum network requirements for each GSA regarding the number of providers, by provider type and specialty providers. In assessing the sufficiency of the provider network, ADHS/DBHS must utilize multiple data sources including, but not limited to, appointment standard data, problem resolutions, reported member concerns, grievance and appeal data, Title XIX and Title XXI eligible data, penetration rates, member satisfaction surveys, demographic data, national data sources and information on the cultural needs of communities. ADHS/DBHS shall develop and implement policies, procedures, and standards to monitor the adequacy and availability of its provider network to meet the needs of Title XIX and Title XXI members including the provision of care to members with limited proficiency in English.	Education & Training, Coll. Partners. & CBO, System Health Integ., Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals. 2. Monitored through the Quarterly Cultural Competency and Workforce Development Reports. 3. Monitored through Consumer Satisfaction Surveys. 4. Monitored through all Cultural Competency Plans. 5. Monitored through the Provider Network Development and Management Plan. 6. Monitored through Quality and Integration plans. 7. Monitored through the System of Care plans.
1.19 D(17) p. 60 kk.-10; D(29) Pg. 79 e.	Provider network policies: Monitoring the adequacy, accessibility and availability of the provider network to meet the needs of the members including the provision of care to members, with limited proficiency in English.	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Provider Network Development and Management Plan: assesses network sufficiency for services to members; including linguistic needs. 2. Requirements in the T/RBHA contracts/IGAs SOW. 3. Monitored through the Cultural Competency and Workforce Development Quarterly Reports. 4. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.
1.20 E (10) Pg. 126	ADHS/DBHS shall comply with all applicable Federal and State laws and regulations including Title VI of the Civil Rights Act of 1964; Title IX of the Education Amendments of 1972 (regarding education programs and activities); the Age Discrimination Act of 1975; the Rehabilitation Act of 1973 (regarding education programs and activities), and the Americans with Disabilities Act, EEO provisions; Copeland Anti-Kickback Act; Davis-Bacon Act; Contract Work Hours and Safety Standards; Rights to Inventions Made Under a Contract or Agreement; Clean Air Act and Federal Water Pollution Control Act; Byrd Anti-Lobbying Amendment. ADHS/DBHS shall maintain all applicable licenses and permits.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. This requirement is monitored through the Office of Consumer Rights and Grievance System reports. 3. A representative from the Office of Consumer Rights to attend the CCSCs to provide guidance. 4. A representative from the Office of Compliance to attend the CCSCs to provide guidance.
1.21 Attachment F1 Pg. 134	The written information provided to enrollees describing the Grievance System including the grievance process, the appeals process, enrollee rights, the grievance system requirements and timeframes, shall be in each prevalent non-English language occurring within the ADHS/DBHS's service area and in an easily understood language and format.	Education & Training, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. This requirement is monitored through the Office of Consumer Rights and Grievance System reports 3. A representative from the Office of Consumer Rights to attend the CCSCs and provide guidance.

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
1.22 Attachment F1 Pg. 134	Written documents, including but not limited to, the Notice of Action, the Notice of Extension of Notice of Action, the Notice of Appeal Resolution and Notice of Extension for Resolution shall contain information in the prevalent non-English language(s), prominently displayed in large, bold print on the first page of the document, advising the enrollee that the written document is available in the prevalent non-English language(s) and in alternative formats along with an explanation of how enrollees may obtain this written information in the prevalent non-English language(s) and alternative formats. However, if prior to issuing a document in English, ADHS/DBHS receives information orally or in writing that the enrollee has a limited English proficiency in a prevalent non-English language, ADHS/DBHS shall translate the document in the applicable prevalent non-English language before providing it to the enrollee. ADHS/DBHS shall also inform enrollees that oral interpretation services are available in any language.	Education & Training, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.</li> <li>3. Maintain the Workforce Development Database: Language Access Services.</li> <li>4. A representative from the Office of Consumer Rights to attend the CCSCs to provide guidance.</li> <li>5. A representative from the Office of Compliance to attend the CCSCs to provide guidance.</li> </ol>
1.23 AHCCCS minimum sub- contracted provisions (18)	The Subcontractor shall comply with State Executive Order No. 99-4, which mandates that all persons, regardless of race, color, religion, gender, national origin or political affiliation, shall have equal access to employment opportunities, and all other applicable Federal and state laws, rules and regulations, including the Americans with Disabilities Act and Title VI. The Subcontractor shall take positive action to ensure that applicants for employment, employees, and persons to whom it provides service are not discriminated against due to race, creed, color, religion, gender, national origin or disability. Source: <a href="http://www.azahcccs.gov/commercial/Downloads/MinimumSubcontractProvisions_ALTCS.pdf">http://www.azahcccs.gov/commercial/Downloads/MinimumSubcontractProvisions_ALTCS.pdf</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Monitored through the Provider Network Development and Management Plan.</li> <li>3. Monitored through the System of Care Plans.</li> <li>4. Monitored in the Quality and Integration Plans.</li> <li>5. Monitored through the Cultural Competency Plans.</li> <li>6. This requirement is monitored through the Office of Consumer Rights and Grievance System reports.</li> </ol>
2	<b>AHCCCS CONTRACTOR OPERATIONS MANUAL (ACOM) Requirements</b>			
2.1 E(1) 101-79	All marketing costs allocated and otherwise will be excluded in the determination of capitation rate ranges. Additionally, any Contractor not in compliance with the AHCCCS viability criteria indicators, as defined in the contract, may be restricted from further marketing until the Contractor is in compliance with the viability criteria indicators.	Comm./Mark./Outreach , Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. The Office of Finance tracks and monitors this requirement.</li> <li>2. Monitored through the Communications Committee.</li> </ol>
2.2 III Policy (B) 404-2	The Contractor must make oral interpretation services available to its members free of charge. Services for all non-English languages and the hearing impaired must be available. ADHS/DBHS must make oral interpretation services available to potential members, free of charge, when oral information is requested for use in choosing among Contractors. Services for all non-English languages and the hearing impaired must be available.	Education & Training , Coll. Partners. & CBO , System Health Integ. , Data Coll. & Rep. Prod. , Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Requirements monitored through performance data validations.</li> <li>3. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.</li> <li>4. Monitored through the Provider Network Development and Management Plan.</li> <li>5. Monitored in T/RBHA Cultural Competency Plans.</li> </ol>

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2.3 III(C) (2) 404-3	The Contractor will be held accountable for the content of materials developed by the Organizations listed in Attachment A. AHCCCS suggests that ADHS/DBHS review the materials to ensure that: 1) the services are covered under the AHCCCS program; 2) the information is accurate; and 3) the information is culturally sensitive.	Education & Training, Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Monitored through the System of Care plans. 3. Monitored in the Quality and Integration plans. 4. Monitored in the Communications Committee. 5. Monitored in Consumer Rights/Grievance reports.
2.4 III(C) (3) 404-3	All materials shall be translated when ADHS/DBHS is aware that a language is spoken by 3,000 or 10% (whichever is less) of the Contractor members who also have limited English proficiency (LEP) in that language.	Education & Training, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Requirement is monitored through the desktop protocols and member information dissemination. 3. Requirements monitored through performance data validations. 4. The Office of Compliance attends CCSCs to provide guidance.
2.5 III(C) (2) 404-3	All vital materials shall be translated when ADHS/DBHS is aware that a language is spoken by 1,000 or 5% (whichever is less) of the Contractor's members who also have LEP. Vital materials must include, at a minimum, notices for denials, reductions, suspensions or terminations of services, consent forms, communications requiring a response from the member, detailed description of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services, informed consent, and all grievances and requests for hearing information included in the Enrollee Grievance System Policy as described in the "Enrollee Grievance System Standards and Policy" of the applicable contract.	Education & Training, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Requirement is monitored through the desktop protocols and member information dissemination. 3. Requirement is monitored through the Office of Consumer Rights and Grievance System reports. 4. The Office of Compliance attends the CCSCs to provide guidance.
2.6 III(C) (3) 404-4	All written notices informing members of their right to interpretation and translation services in a language, shall be translated when the Contractor is aware that 1,000 or 5% (whichever is less) of the Contractor's members speak that language and have LEP.	Education & Training, Coll. Partners. & CBO, System Health Integ., Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. This requirement is monitored through the Office of Consumer Rights and Grievance System reports. 3. Maintain the Workforce Development Database: Language Access Services. 4. A representative from the Office of Consumer Rights to attend the CCSCs to provide guidance. 5. A representative from the Office of Compliance to attend the CCSCs to provide guidance.

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
2.7 III(C) (2) 404-4	The Contractors are not required to submit to AHCCCS the member material translated into a language other than English; however, it is the Contractor's sole responsibility to ensure the translation is accurate and culturally appropriate.	Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Requirement is monitored through the desktop protocols and member information dissemination.</li> <li>3. Requirements monitored through performance data validations.</li> <li>4. Requirement is monitored Annual Effectiveness Review of the Cultural Competency Plan.</li> <li>5. Maintain the Workforce Development Database: Language Access Services.</li> </ol>
2.8 III(C) (3) 404-4	The Contractor shall make every effort to ensure that all information prepared for distribution is written in an easily understood language and format. The reading level and methodology used to measure it should be included with the submission.	Education & Training, Comm./Mark./Outreach, Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Requirements monitored through Cultural Competency and Workforce Development Reports.</li> <li>3. Monitored through Training Plans.</li> </ol>
2.9 III(C) (3) 404-4	The materials shall also be available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who, for example, are visually limited or have limited reading proficiency.	Education & Training, Coll. Partners. & CBO, System Health Integ., Comm./Mark./Outreach, Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Requirement is monitored through the desktop protocols and member information dissemination.</li> <li>3. Requirements monitored through performance data validations.</li> <li>4. Monitored through the Training Plans.</li> </ol>
2.10 III(E) 404-6, 7&8	The right to know about providers who speak languages other than English. The Provider Directory shall include: <ol style="list-style-type: none"> <li>a. Provider name</li> <li>b. Provider address</li> <li>c. Provider telephone number</li> <li>d. Non-English languages spoken</li> <li>e. Whether or not the provider is accepting new patients</li> </ol>	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.</li> <li>3. Monitored through the Provider Network Development and Management Plan.</li> </ol>
2.11 III(A) 405-2	Each Contractor must have a comprehensive cultural competency program, which is described in a written plan. The Cultural Competency Plan (CCP) must describe how care and services will be delivered in a culturally competent manner.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plans.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. ADHS/DBHS Cultural Competency Plan includes: AHCCCS, AHCCCS ACOM, AHCCCS AMPM, AHCCCS CAP, CMS, Grant, CLAS, and Federal/ and State requirements. Initiatives based on requirements.</li> <li>2. Requirement is in the T/RBHA contracts/IGAs SOWs, and policies.</li> <li>3. Requirement in Cultural Competency Plans.</li> </ol>

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
2.12 III(A) 405-2	The Contractor must identify a staff member responsible for the CCP. If there is a change in the staff member responsible for the CCP, the Contractor must notify the Division of Health Care Management (DHCM).	Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. ADHS/DBHS has identified Diana Kramer as the Office Chief of Cultural Competency and Workforce Development. 2. T/RBHAs report contacts annually and accordingly.
2.13 III(A) (1) (a) 405-2	The training program consists of the methods the Contractor will use to train its staff so that services are provided effectively to members of all cultures. Training must be customized to fit the needs of staff based on the nature of the contacts they have with providers and/or members.	Education & Training, Coll. Partners. & CBO, System Health Integ., Data Coll. & Rep. Prod.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Monitored through the Training Plans. 3. Monitored through the Quarterly Cultural Competency and Workforce Development Reports. 4. T/RBHAs will identify the needs of the diverse providers and adjust trainings accordingly.
2.14 III(A) (1) (b) 405-2	The education program consists of methods the Contractor will use for providers and other subcontractors with direct member contact. The education program will be designed to make providers and subcontractors aware of the importance of providing services in a culturally competent manner. The contractor must also make additional efforts to train or assist providers and subcontractors in receiving training in how to provide culturally competent services.	Education & Training, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in provider manuals, policies, and procedure manuals. 2. Monitored through the Diversity Episode of Care/Penetration Quarterly Report. 3. Monitored through the Training Plans. 4. Monitored through the System of Care Plans. 5. T/RBHAs identify the needs of diverse providers and adjust educational programs accordingly.
2.15 III(A) (2) 405-3	The Contractor describes the method for evaluating the cultural diversity of its membership to assess needs and priorities in order to provide culturally competent care to its membership. Culturally competent care requires that the Contractor evaluate its network, outreach services and other programs to improve accessibility and quality of care for its membership. It must also describe the provision and coordination needed for linguistic and disability-related services. The availability and accessibility of translation services should not be predicated upon the non-availability of a friend or family member who is bilingual. Members may elect to use a friend or relative for this purpose, but they should not be encouraged to substitute a friend or relative for a translation service. A Contractor, at the point of contact, must make members aware that translation services are available. The services that are offered must be provided by someone who is proficient and skilled in translating language(s).	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through the Provider Network Development and Management Plan. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans 4. Monitored in the Training Plans. 5. Monitored in Cultural Competency Plans. 6. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis. 7. Monitored through the Diversity Episode of Care/Penetration Quarterly Report. 8. Monitored in Organizational Culture Assessment. 9. Analysis of the Annual Diversity Report.
2.16 III(B) 405-3	The Contractor must evaluate the CCP for effectiveness. Evaluations are to be made on an annual basis and a copy of the evaluation sent to DHCM. The evaluation may, for example, focus on comparative member satisfaction surveys, outcomes for certain cultural groups, member complaints, grievances, provider feedback and/or Contractor employee surveys. If issues are identified, they should be tracked and trended, and actions should be taken to resolve the issue(s).	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals. 2. Requirement is monitored through the Cultural Competency Plans. 3. Requirement is monitored through the Annual Effectiveness Review of the CCP. 4. Monitored in CCSCs. and CCOCs.

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
2.17 III (A) (26) 416-3	At a minimum, the Contractor's provider manual must contain information on cultural competency information, including notification about Title VI of the Civil Rights Act of 1964. Providers should also be informed of how to access interpretation services to assist members who speak a language other than English or who use Sign Language.	Education & Training, Coll. Partners. & CBO, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Requirement in Cultural Competency Plans.</li> <li>3. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.</li> <li>4. Monitored in the Language Access Workgroup.</li> </ol>
2.18 404 – Attach ment B (Member Check- list)	The right to be treated fairly regardless of race, religion, gender, age or ability to pay.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks.</li> <li>2. Representatives from all DBHS areas attend the CCSCs to provide guidance.</li> <li>3. Requirement is monitored through the Office of Consumer Rights and Grievance System reports.</li> <li>4. Monitored through Quality and Integration plans.</li> <li>5. Monitored through the System of Care plans</li> <li>6. Monitored in the Training Plans.</li> <li>7. Monitored in Cultural Competency Plans.</li> </ol>
3	<b>AHCCCS MEDICAL POLICY MANUAL (AMPM) Requirements</b>			
3.1 310-B (1) Pg. 310-2	Title XIX and Title XXI Members are eligible to receive medically necessary behavioral health services.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks.</li> <li>2. Representatives from all ADHS/DBHS areas attend the CCSCs to provide guidance.</li> <li>3. Requirement is monitored through the Office of Consumer Rights and Grievance System reports.</li> <li>4. Monitored through Quality and Integration plans.</li> <li>5. Monitored through the System of Care plans</li> <li>6. Monitored in the Training Plans.</li> <li>7. Monitored in Cultural Competency Plans.</li> </ol>
3.2 420 A (6) Pg. 420-4	Provide translation/interpretation of information related to family planning in accordance with requirements of the AHCCCS Division of Healthcare Management "Cultural Competency" policy, available from the AHCCCS Contractor Operations Manual (available online at <a href="http://www.azahcccs.gov">www.azahcccs.gov</a> ).	Education & Training, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, and policies and procedures manuals.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.</li> </ol>

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
3.3 420 B (7) Pg. 420-6	Notification must be presented in a second language in accordance with the requirements of the AHCCCS Division of Health Care Management "Cultural Competency" policy, available in the AHCCCS Contractor Operations Manual (available at <a href="http://www.azahcccs.gov">www.azahcccs.gov</a> ).	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through the Provider Network Development and Management Plan. 3. Monitored in Cultural Competency Plans.
3.4 560 B (d) Pg. 560-2	The member's current status, including present levels of function in physical, cognitive, social and educational domains.	System Health Integ., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans 3. Requirements monitored through performance data validations.
3.6 930 (1 b) Pg. 930-1	Not be discriminated against in the delivery of health care services based on race, color, creed, ancestry, national origin, religion, gender, age, intellectual or physical disability, sexual preference, genetic information, marital status or source of payment.	Education & Training, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Requirement is monitored through the Office of Consumer Rights and Grievance System reports. 3. Monitored in Cultural Competency Plans. 4. T/RBHAs will identify the needs of the diverse providers and adjust educational programs accordingly.
3.7 930 (1 c) Pg. 930-1	Have services provided in a culturally competent manner, with consideration for members with limited English proficiency or reading skills, and those with diverse cultural and ethnic backgrounds as well as members with visual or auditory limitations. Options include access to a language interpreter, a person proficient in sign language for the hearing impaired, and written materials available in Braille for the blind or in different formats, as appropriate.	Education & Training, Coll. Partners. & CBO, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans 4. Monitored in the Training Plans. 5. Monitored in Cultural Competency Plans.
3.8 930 (1 h) Pg. 930-2	Receive information, in a language and format that the member understands, about member rights and responsibilities, the amount, duration and scope of all services and benefits, service providers, services included and excluded as a condition of enrollment, and other information including:	System Health Integ., Comm./Mark./Outreach, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans.
3.9 940 (3, c-iii) Pg. 940 -2- 3	Documentation of identifying demographics including the member's name, address, telephone number, AHCCCS identification number, gender, age, date of birth, marital status, next of kin, and, if applicable, guardian or authorized representative.	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans.

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3.10 980 (B1, ii) Pg. 980-2	PIPs are designed, through ongoing measurement and intervention, to achieve clinical focus topics that may include cultural competency of services.	System Health Integ., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans. 4. The Office of Compliance attends the CCSCs to provide guidance.
3.11 1610 Pg. 1610-1	The process involves a review of the ALTCS member's strengths and needs by the member, his/her family or representative and the case manager. The review should result in a mutually agreed upon, appropriate and cost effective service plan that meets the medical, functional, social and behavioral health needs of the member in the most integrated setting. The case manager must foster a person-centered approach and maximize member/family self-determination while promoting the values of dignity, independence, individuality, privacy and choice. Case management begins with a respect for the member's preferences, interests, needs, culture, language and belief system.	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Representatives from all ADHS/DBHS areas attend the CCSCs to provide guidance. 4. Monitored in Cultural Competency Plans. 5. Monitored in Quality and Integration committees. 6. Monitored in System of Care committees.
3.12 1620 (9) Pg. 1620-18	The case manager is responsible for developing a written service plan (Exhibit 1620-13) that reflects services that were authorized. It must be noted for each ALTCS covered service whether the frequency/quantity of the service has changed since the previous service plan. Every effort must be made to ensure the member or representative understands the service plan. The member or representative must indicate whether they agree or disagree with each service authorization and sign the service plan at initial development, when there are changes in services and at the time of each service review (every 90 or 180 days). The case manager must provide a copy of the service plan to the member or representative and maintain a copy in the case file.	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Representatives from all ADHS/DBHS areas attend the CCSCs to provide guidance. 4. Monitored in Cultural Competency Plans. 5. Monitored in Quality and Integration committees. 6. Monitored in System of Care committees.
3.13 1630 (3. e) Pg. 1630-3	In addition to review of areas covered in orientation, all case managers must also be provided with regular ongoing training on topics relevant to the populations(s) served. Cultural competency is an example of one of the topics that could be covered.	Education & Training, Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans 4. Monitored in the Training Plans. 5. Monitored in Cultural Competency Plans.
<b>4</b>	<b>Centers for Medicare and Medicaid Services (CMS) Requirements</b>			
4.1	Cultural Competency: The provision of healthcare services are responsive to the health beliefs, practices, and needs of diverse patients can help close the gap in healthcare outcomes. Source: <a href="http://www.cms.gov/About-CMS/Agency-Information/Office-of-Minority-Health/Health-Professionals.html">http://www.cms.gov/About-CMS/Agency-Information/Office-of-Minority-Health/Health-Professionals.html</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans 4. Monitored in the Training Plans. 5. Monitored in Cultural Competency Plans.



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4.2	Resources in Other Languages: Ensure that Federally-funded activities are accessible to all persons who, as a result of national origin, are not proficient or are limited in their ability to communicate in the English language. Provide access to translated materials so that persons of non-English speaking can understand important documents related to health and human services. Source: <a href="http://www.cms.gov/About-CMS/Agency-Information/Office-of-Minority-Health/Consumers.html">http://www.cms.gov/About-CMS/Agency-Information/Office-of-Minority-Health/Consumers.html</a>	Education & Training, Coll. Partners. & CBO, System Health Integ., Comm./Mark./Outreach, Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored in Cultural Competency Plans. 4. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.
4.3	Support research and demonstration projects: These projects explore alternative policies of healthcare coverage and delivery, including those that benefit minority and disadvantaged populations. These research activities include CMS Healthcare Innovation Awards, Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration, and Strong Start for Mothers and Newborns. Source: <a href="http://www.cms.gov/About-CMS/Agency-Information/Office-of-Minority-Health/Minority-Health-The-Facts.html">http://www.cms.gov/About-CMS/Agency-Information/Office-of-Minority-Health/Minority-Health-The-Facts.html</a>	System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. Monitor in the System of Care Plans. 2. Monitored through Quality and Integration plans. 3. Monitored in Cultural Competency Plans. 4. Representatives from all ADHS/DBHS areas attend the CCSCs to provide guidance. 5. CCSC and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
4.4	Reduce Racial and Ethnic Health Disparities: Outline goals, strategies, and actions to reduce health disparities among racial and ethnic minorities. Build on the provisions of the Affordable Care Act that will help address the needs of racial and ethnic minority populations by bringing down healthcare costs. Source: <a href="http://www.hhs.gov/news/press/2011pres/04/04hdplan04082011.html">http://www.hhs.gov/news/press/2011pres/04/04hdplan04082011.html</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manual, policies and procedures manual, and member handbooks. 2. Monitored through Quality and Integration plans. 3. Monitored through the System of Care plans 4. Monitored in the Training Plans. 5. Monitored in Cultural Competency Plans.
4.5	Prevention and Elimination of Health Disparities: The National Prevention Strategy aims to guide our nation in the most effective and achievable means for improving health and well-being. This Strategy envisions a prevention-oriented society where all sectors recognize the value of health for individuals, families, and society and work together to achieve better health for all Americans. The Strategy outlines four strategic directions that include: building healthy and safe community environments, expanding quality preventive services in both clinical and community settings, empowering people to make healthy choices, and eliminating health disparities. Source: <a href="http://www.surgeongeneral.gov/initiatives/prevention/strategy/">http://www.surgeongeneral.gov/initiatives/prevention/strategy/</a>	Education & Training, Coll. Partners. & CBO, System Health Integ.,	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans with the inclusion of Prevention strategies. 2. Monitored through the System of Care plans with the inclusion of Prevention strategies. 3. Monitored in the Training Plans with the inclusion of Prevention strategies. 4. Monitored in Cultural Competency Plans with the inclusion of Prevention strategies.
4.6	Quality Improvement in Health Care: The National Strategy for Quality Improvement in Health Care (National Quality Strategy) is the first policy to set national goals to improve the quality of healthcare. It is designed to guide HHS quality improvement programs and regulations, and set standard criteria to measure the quality of health and healthcare to align national efforts for quality improvement. The National Quality Strategy goals include: better care, healthy people and communities, and affordable care. Source: <a href="http://www.ahrq.gov/news/newsletters/research-activities/may11/0511RA21.html">http://www.ahrq.gov/news/newsletters/research-activities/may11/0511RA21.html</a>	System Health Integ., Data Coll. & Rep. Prod.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans with the inclusion of Quality Improvement strategies. 3. Monitored in the Training Plans with the inclusion of Quality Improvement strategies. 4. Monitored in Cultural Competency Plans with the inclusion of Quality Improvement strategies.

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
4.7	Reduce HIV-related health disparities: National HIV/AIDS Strategy (NHAS is the nation's first ever comprehensive coordinated HIV/AIDS plan for the United States with clear and measurable targets to be achieved by 2015. The Strategy is an attempt to set clear priorities and provide leadership for all public and private stake-holders to align their HIV/AIDS efforts to a common purpose. The goals of the Strategy include: reduce new HIV infections, increase access to care and improve health outcomes for people living with HIV, and reduce HIV-related health disparities. Source: <a href="http://www.whitehouse.gov/administration/eop/nap/nhas">http://www.whitehouse.gov/administration/eop/nap/nhas</a>	Education & Training, Coll. Partners. & CBO, System Health Integ., Data Coll. & Rep. Prod..	ADHS: DBHS T/RBHAs	1. Monitored through the System of Care plans with the inclusion of Prevention strategies. 2. Monitored in the Training Plans with the inclusion of Prevention strategies. 3. Monitored in Cultural Competency Plans with the inclusion of Prevention strategies. 4. Strategic planning development within the LGBTQ Advisory Committee; specific to population needs.
5	<b>AHCCCS Corrective Action Plan (CAP) Requirements</b>			
5.1	THERE ARE PRESENTLY NO CAPs			
6	<b>National Culturally and Linguistically Appropriate Services (CLAS) Standards</b>			
6.1 CLAS Standard 1	CLAS Guidelines- Principle Standard: Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. CCSC and CCOCs assist in identification of strengths, gaps, and needs; as applicable. 3. Monitored through Quality and Integration plans. 4. Monitored through the System of Care plans. 5. Monitored in the Training Plans. 6. Monitored in Cultural Competency Plans.
6.2 CLAS Standard 2	CLAS Guidelines- Governance, Leadership, and Workforce: Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. CCSC and CCOCs assist in identification of strengths, gaps, and needs; as applicable. 3. Monitored through Quality and Integration plans. 4. Monitored through the System of Care plans. 5. Monitored in the Training Plans. 6. Monitored in Cultural Competency Plans.
6.3 CLAS Standard 3	CLAS Guidelines- Governance, Leadership, and Workforce: Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans.

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<b>6.4</b> <b>CLAS</b> Standard <b>4</b>	CLAS Guidelines- Governance, Leadership, and Workforce: Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
<b>6.5</b> <b>CLAS</b> Standard <b>5</b>	CLAS Guidelines- Communication and Language Assistance: Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
<b>6.6</b> <b>CLAS</b> Standard <b>6</b>	CLAS Guidelines- Communication and Language Assistance: Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
<b>6.7</b> <b>CLAS</b> Standard <b>7</b>	CLAS Guidelines- Communication and Language Assistance: Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
<b>6.8</b> <b>CLAS</b> Standard <b>8</b>	CLAS Guidelines- Communication and Language Assistance: Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services.
<b>6.9</b> <b>CLAS</b> Standard <b>9</b>	CLAS Guidelines- Engagement, Continuous Improvement, and Accountability: Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services, needs assessments, and data analysis. 2. T/RBHA Cultural Competency plans include mechanisms for assessments and performance data validation processes to ensure CLAS/LEP.
<b>6.10</b> <b>CLAS</b> Standard <b>10</b>	CLAS Guidelines- Engagement, Continuous Improvement, and Accountability: Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services, needs assessments, and data analysis. 2. T/RBHA plans include mechanisms for assessments, analysis of special populations, and performance data validation processes to ensure CLAS/LEP needs are met.

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<b>6.11</b> <b>CLAS</b> Standard 11	CLAS Guidelines- Engagement, Continuous Improvement, and Accountability: Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services, needs assessments, and data analysis. 2. T/RBHA Cultural Competency plans include mechanisms for assessments and performance data validation processes to ensure CLAS/LEP.
<b>6.12</b> <b>CLAS</b> Standard 12	CLAS Guidelines: Engagement, Continuous Improvement, and Accountability: Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services, needs assessments, and data analysis. 2. T/RBHA plans include mechanisms for assessments, analysis of special populations, and performance data validation processes to ensure CLAS/LEP needs are met.
<b>6.13</b> <b>CLAS</b> Standard 13	CLAS Guidelines- Engagement, Continuous Improvement, and Accountability: Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirements in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedures manuals. 2. ADHS/DBHS plans include initiatives based on CLAS/LEP standards in provision of services, needs assessments, community inclusion and data analysis.
<b>6.14</b> <b>CLAS</b> Standard 14	CLAS Guidelines- Engagement, Continuous Improvement, and Accountability: Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.	System Health Integ , Data Coll. & Rep. Prod..	ADHS: DBHS T/RBHAs	1. Requirement is monitored through the Office of Consumer Rights and Grievance System reports.
<b>6.15</b> <b>CLAS</b> Standard 15	CLAS Guidelines- Engagement, Continuous Improvement, and Accountability: Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable. In addition, are mechanisms to share information and process timelines.
<b>7</b>	<b>GRANT REQUIREMENTS</b>			
<b>7.1</b>	Cultural Competency Plan Contact; sufficient to implement and oversee compliance with both the ADHS/DBHS Cultural Competency Plan and the ACOM Cultural Competency Policy and to oversee compliance with all AHCCCS requirements pertaining to limited English proficiency (LEP); including grant requirements specific to cultural competency.	Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	1. ADHS/DBHS has identified Diana Kramer as the Office Chief of Cultural Competency and Workforce Development. 2. T/RBHAs report contacts annually and accordingly.

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7.2	Children with serious emotional disturbances (SED) and their families.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.3	Adults with serious mental illness (SMI).	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.4	Persons who are intravenous drug users (IDU).	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable..
7.5	Adolescents with substance abuse and/or mental health problems.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.6	Children and youth who are at risk for mental, emotional and behavioral disorders, including, but not limited to addiction, conduct disorder and depression.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.7	Women who are pregnant and have a substance use and/or mental disorder.	Education & Training, System Health Integ., Data Coll. & Rep. Prod., Policies, Proc. & Regs..	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.

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7.8	Parents with substance use and/or mental disorders who have dependent children.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in analysis reports.
7.9	Military personnel (active, guard, reserve, and veteran) and their families.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.10	American Indians/Alaska Natives.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. Requirements with Tribal Consultation Policy. 6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.11	Individuals with tuberculosis and other communicable diseases.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirements within Cultural Competency plans. 2. Requirements within System of Care plans. 3. Monitored through Quality and Integration plans. 4. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable
7.12	Persons with or at risk for HIV/AIDS who are in need of mental health or substance abuse early intervention, treatment or prevention services.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Requirements within Cultural Competency plans. 2. Requirements within System of Care plans. 3. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.13	Individuals with mental and/or substance use disorders who are homeless or involved in the criminal or juvenile justice systems.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. Requirements with Tribal Consultation Policy. 6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.

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7.14	Individuals with mental and/or substance use disorders who live in rural areas.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. Requirements with Tribal Consultation Policy. 6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.15	Underserved racial and ethnic minority and LGBTQ populations.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. LGBTQ Advisory Committee, strategic plans. 6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.16	Persons with disabilities.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.17	Community populations for environmental prevention activities, including policy changing activities, and behavior change activities to change community, school, family and business norms through laws, policy guidelines and enforcement.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. LGBTQ Advisory Committee, strategic plans. 6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.
7.18	Community settings for universal, selective and indicated prevention interventions, including hard-to-reach communities and "late" adopters of prevention strategies.	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	1. Monitored through Quality and Integration plans. 2. Monitored through the System of Care plans. 3. Monitored in the Training Plans. 4. Monitored in Cultural Competency Plans. 5. LGBTQ Advisory Committee, strategic plans. 6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.

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<b>8</b>	<b>FEDERAL RULES AND STATE REQUIREMENTS:</b> T/RBHAs and provider agencies must abide by the following referenced federal and state applicable rules, regulations and guidance documents:			
<b>8.1</b>	Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, and national origin in programs and activities receiving federal financial assistance. <a href="http://www.justice.gov/crt/about/cor/coord/titlevi.php">http://www.justice.gov/crt/about/cor/coord/titlevi.php</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
<b>8.2</b>	Title VII of the Civil Rights Act of 1964 (EEO provisions), prohibits employment discrimination based on race, color, religion, sex, or national origin by any employer with 15 or more employees. The Civil Rights act of 1991 reverses, in whole or in part, several Supreme Court Decisions interpreting Title VII, strengthening and improving the law and providing for damages in cases of intentional employment and discrimination. <a href="http://www.eeoc.gov/policy/vii.html">http://www.eeoc.gov/policy/vii.html</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOW, provider manuals, and policies and procedure manuals.</li> <li>2. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>3. Monitored through Consumer Satisfaction Surveys.</li> <li>4. Monitored through all Cultural Competency Plans.</li> <li>5. Monitored through the Provider Network Development and Management Plan.</li> <li>6. Monitored through Quality and Integration plans.</li> <li>7. Monitored through the System of Care plans.</li> </ol>
<b>8.3</b>	Title IX of the Education Amendments of 1972, a comprehensive federal law that prohibits discrimination on the basis of sex in any federally-funded education program or activity. The principle objective of Title IX is to avoid the use of federal money to support sex discrimination in education programs and to provide individual citizens effective protection against those practices. Title IX applies, with a few specific exceptions, to all aspects of federally-funded education programs or activities. <a href="http://www.justice.gov/crt/about/cor/coord/titleix.php">http://www.justice.gov/crt/about/cor/coord/titleix.php</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through the System of Care plans.</li> <li>3. Monitored in the Training Plans.</li> <li>4. Monitored in Cultural Competency Plans.</li> <li>5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
<b>8.4</b>	The Age Discrimination Act (ADEA) of 1975 prohibits discrimination on the basis of age in programs or activities receiving Federal financial assistance. The Act, which applies to all ages, permits the use of certain age distinctions and factors other than age that meet the Act's requirements. Additionally, it protects certain applicants and employees 40 years of age and older from discrimination on the basis of age in hiring, promotion, discharge, compensation, or terms, conditions or privileges of employment. The ADEA applies to employers with 20 or more employees, including state and local governments. The Older Workers Benefit Protection Act (Pub. L. 101-433) amends the ADEA to prohibit employers from denying benefits to older employees. Source: <a href="http://www.dol.gov/oasam/regs/statutes/age_act.htm">http://www.dol.gov/oasam/regs/statutes/age_act.htm</a>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored in the Training Plans.</li> <li>3. Monitored in Cultural Competency Plans.</li> <li>4. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>



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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
8.5	<p>The Equal Pay Act (EPA) and A.R.S. 23-341 prohibit sex-based wage discrimination between men and women in the same establishment who are performing under similar working conditions.</p> <p>Source: <a href="http://www.eeoc.gov/laws/statutes/epa.cfm">http://www.eeoc.gov/laws/statutes/epa.cfm</a> and <a href="http://www.azleg.state.az.us/FormatDocument.asp?inDoc=ars/23/00341.htm&amp;Title=23&amp;DocType=ARS">http://www.azleg.state.az.us/FormatDocument.asp?inDoc=ars/23/00341.htm&amp;Title=23&amp;DocType=ARS</a></p>	Education & Training , System Health Integ. , Data Coll. & Rep. Prod. , Policies, Proc. & Regs.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through the System of Care plans.</li> <li>3. Monitored in the Training Plans.</li> <li>4. Monitored in Cultural Competency Plans.</li> <li>5. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.6	<p>The Rehabilitation Act of 1973 requires access to programs and activities that are funded by Federal agencies and to Federal employment.</p> <p>Source: <a href="http://www.access-board.gov/the-board/laws/rehabilitation-act-of-1973">http://www.access-board.gov/the-board/laws/rehabilitation-act-of-1973</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.7	<p>Section 503 of the Rehabilitation Act prohibits discrimination in the employment or advancement of qualified persons because of physical or mental disability for employers with federal contracts or subcontracts that exceed \$10,000. All covered contractors and subcontractors must also include a specific equal opportunity clause in each of their nonexempt contracts and subcontracts.</p> <p>Source: <a href="http://www.doi.gov/compliance/laws/comp-rehab.htm">http://www.doi.gov/compliance/laws/comp-rehab.htm</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.8	<p>Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability in delivering contract services.</p> <p>Source: <a href="http://www.dol.gov/oasam/regs/statutes/sec504.htm">http://www.dol.gov/oasam/regs/statutes/sec504.htm</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored in the Training Plans.</li> <li>3. Monitored in Cultural Competency Plans.</li> <li>4. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>5. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
8.9	<p>The Americans with Disabilities Act prohibits discrimination against persons who have a disability. Providers are required to deliver services so that they are readily accessible to persons with a disability. T/RBHAs and their subcontracted providers who employ less than fifteen persons and who cannot comply with the accessibility requirements without making significant changes to existing facilities may refer the person with a disability to other providers where the services are accessible. A T/RBHA or its subcontracted provider who employs fifteen or more persons is required to designate at least one person to coordinate its efforts to comply with federal regulations that govern anti-discrimination laws.</p> <p>Source: <a href="http://www.dol.gov/dol/topic/disability/ada.htm">http://www.dol.gov/dol/topic/disability/ada.htm</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.10	<p>President's Executive Order 11246 and Arizona State Executive Order 99-4 mandate that all persons, regardless of race color, sex, age, national origin or political affiliation shall have equal access to employment opportunities.</p> <p>Source: <a href="http://www.dol.gov/ofccp/regs/statutes/eo11246.htm">http://www.dol.gov/ofccp/regs/statutes/eo11246.htm</a> and <a href="http://www.azsos.gov/aar/2009/46/governor.pdf">http://www.azsos.gov/aar/2009/46/governor.pdf</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.11	<p>President's Executive Order 13160 prohibits discrimination on the basis of race, sex, color, national origin, disability, religion, age, sexual orientation, and status as a parent in federally conducted education and training programs.</p> <p>Source: <a href="http://www.justice.gov/crt/about/cor/13160.php">http://www.justice.gov/crt/about/cor/13160.php</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
8.12	<p>President's Executive Order 13166 improves access to services for persons with Limited English Proficiency (LEP). The Executive Order requires each federal agency to examine the services it provides and develop and implement a system by which LEP persons can meaningfully access those services consistent with, and without unduly burdening, the fundamental mission of the agency.</p> <p>Source: <a href="http://www.justice.gov/crt/about/cor/13166.php">http://www.justice.gov/crt/about/cor/13166.php</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.13	<p>President's Executive Order 12250 provides for the consistent and effective implementation of various laws prohibiting discriminatory practices on the basis of race, color, national origin, sex, disability, or religion in programs and activities receiving federal financial assistance.</p> <p>Source: <a href="http://www.justice.gov/crt/about/cor/12250.php">http://www.justice.gov/crt/about/cor/12250.php</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.14	<p>Arizona State Legislature 12-242. The court shall in any civil or criminal case or grand jury proceeding in which a deaf person is party to such action, either as a witness, complainant, defendant or attorney, appoint a qualified interpreter to interpret the proceedings to the deaf person, to interpret the deaf person's testimony or statements and to interpret preparations with the deaf person's attorney:</p> <p>Source: <a href="http://www.azleg.gov/FormatDocument.asp?InDoc=/ars/12/00242.htm&amp;Title=12&amp;DocType=ARS">http://www.azleg.gov/FormatDocument.asp?InDoc=/ars/12/00242.htm&amp;Title=12&amp;DocType=ARS</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored in the Training Plans.</li> <li>3. Monitored in Cultural Competency Plans.</li> <li>4. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.</li> <li>5. Mental Health Roundtable for the Deaf and Hard of Hearing (MHRT) strategic planning.</li> <li>6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties	Monitoring Activities
8.15	<p>Arizona State Legislature 36-1946. The commission shall:</p> <ol style="list-style-type: none"> <li>1. Adopt rules necessary to achieve the purposes of section 12-242.</li> <li>2. By rule, classify interpreters for the deaf and the hard of hearing based on the level of interpreting skills acquired by that person.</li> <li>3. By rule, establish standards and procedures for the qualification and licensure of each classification of interpreters.</li> <li>4. Help establish partnerships with colleges and universities in this state to provide interpreter and support service provider training and degree programs.</li> <li>5. By rule, establish standards and procedures to certify sign language teachers to teach American sign language.</li> <li>6. Beginning on September 1, 2007, license interpreters for the deaf and the hard of hearing pursuant to article 2 of this chapter.</li> </ol> <p>Source: <a href="http://www.azleg.state.az.us/FormatDocument.asp?inDoc=ars/36/01946.htm&amp;Title=36&amp;DocType=ARS">http://www.azleg.state.az.us/FormatDocument.asp?inDoc=ars/36/01946.htm&amp;Title=36&amp;DocType=ARS</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored in the Training Plans.</li> <li>3. Monitored in Cultural Competency Plans.</li> <li>4. Monitored in the Language Services Report; data collection and analysis on a semi-annual basis.</li> <li>5. Mental Health Roundtable for the Deaf and Hard of Hearing (MHRT) strategic planning.</li> <li>6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.16	<p>The Affordable Care Act Section 1311(i)(3)(E) requires that outreach and education efforts by Navigators – entities that receive grants from health insurance exchanges created under the Affordable Care Act to assist individuals in accessing and taking advantage of the exchanges – be culturally and linguistically appropriate. Furthermore, under sections 2715 and 2719 of the Public Health Service Act as amended by the Affordable Care Act, insurance companies are required to provide certain disclosures and notices in a culturally and linguistically appropriate manner. Source: <a href="http://dhhs.nv.gov/HealthCare/Docs/exchanges/TheRoleOfNavigatorsInExchangesPerTheACA.pdf">http://dhhs.nv.gov/HealthCare/Docs/exchanges/TheRoleOfNavigatorsInExchangesPerTheACA.pdf</a> and <a href="https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf">https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Office of Healthcare Development participants in the CCSCs to provide guidance.</li> <li>3. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.17	<p>The Patient Protection and Affordable Care Act, Section 1001 (Amendments to the Public Health Service Act) – Section 2719 – Appeals Process - Internal Claims Appeals. (1) In general - "A group health plan and a health insurance issuer offering group or individual health insurance coverage shall implement an effective appeals process for appeals of coverage determinations and claims, under which the plan or issuer shall, at a minimum – "(A) have in effect an internal claims appeal process; "(B) provide notice to enrollees, in a culturally and linguistically appropriate manner, of available internal and external appeals processes, and the availability of any applicable office of health insurance consumer assistance or ombudsman established under section 2793 to assist such enrollees with the appeals process; "(C) allow an enrollee to review their file, to present evidence and testimony as part of the appeals process, and to receive continued coverage pending the outcome of the appeals process. Source: <a href="http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf">http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Office of Healthcare Development participants in the CCSCs to provide guidance.</li> <li>3. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>

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#	Identified Requirement	Work Plan Initiative Category	Assigned Parties:	Monitoring Activities
8.18	<p>The Patient Protection and the Affordable Care Act Section 1001 (Amendments to the Public Health Service Act) – Section 1557(a) – Non-discrimination. In general be excluded from participation in, be denied the benefits of, or be subjected to discrimination under, any health program or activity, any part of which is receiving Federal financial assistance, including credits, subsidies, or contracts of insurance, or under any program or activity that is administered by an Executive Agency or any entity established under this title (or amendments).</p> <p>Source: <a href="http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf">http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through Quality and Integration plans.</li> <li>3. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>6. Monitored through the Provider Network Development and Management Plan.</li> <li>7. Monitored through the Quarterly Cultural Competency and Workforce Development Reports.</li> <li>8. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>
8.19	<p>The Patient Protection and Affordable Care Act Section 1001 (Amendments to the Public Health Service Act) - Section 2901 – Special rules relating to Indians. This section dictates that there will be no cost-sharing for Indians with income at or below 300 percent of poverty enrolled in coverage through a state exchange.</p> <p>Source: <a href="http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf">http://www.gpo.gov/fdsys/pkg/BILLS-111hr3590enr/pdf/BILLS-111hr3590enr.pdf</a></p>	Requirement is Monitored Within All Initiative Categories of the Cultural Competency Plan.	ADHS: DBHS T/RBHAs	<ol style="list-style-type: none"> <li>1. Requirement is in the T/RBHA contracts/IGAs SOWs, provider manuals, policies and procedure manuals, and member handbooks.</li> <li>2. Monitored through the System of Care plans.</li> <li>4. Monitored in the Training Plans.</li> <li>5. Monitored in Cultural Competency Plans.</li> <li>5. Requirements with Tribal Consultation Policy and Tribal Liaison reports.</li> <li>6. CCSCs and CCOCs assist in identification of strengths, gaps, and needs; as applicable.</li> </ol>

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	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps *(Letters reference measures column)	Dates	Measures (Attachments / Documentation)	Status Update (Comments/ Identified Barriers)
<b>9</b>	<b>INITIATIVES</b>					
<b>9A</b>	<b>Education and Training</b>					
<b>9A.1</b>	Develop, maintain and monitor trainings for cultural competence, CLAS, and LEP, to ensure and increase cultural awareness, to underrepresented and underserved populations, such as: <ul style="list-style-type: none"> <li>• Blind and Visually Impaired</li> <li>• Deaf and Hard of Hearing</li> <li>• Ethnicity/Race</li> <li>• Gender Identity</li> <li>• Military/Veteran</li> <li>• Sensory, Cognitive, Intellectual and/or physical disabilities</li> <li>• Sex (Gender)</li> <li>• Sexual Orientation</li> <li>• Tribal Affiliation</li> <li>• Various Age Groups</li> </ul>	ADHS/DBHS: -BCC <sup>1</sup> -BIS <sup>2</sup> -BQI <sup>3</sup> -Compliance -Tribal Adm. -Cultural Com. -OIFA <sup>4</sup> -OHCD <sup>5</sup> -Prevention -Sys. of Care <sup>6</sup> -Training T/RBHAs	1. Identify/Provide/Track workshops, training and educational modules specific to underrepresented/underserved populations: Age, Gender Identity, Race/Ethnicity, Disability, LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning), Medical Conditions, Sex(Gender), Sexual Orientation, Tribal Affiliation, etc. (A,B,C,D,E,I) 2. Mandatory Trainings: provide cultural competency trainings to new employees, existing staff and update curriculums to review for inclusion of cultural and linguistic needs and compliance to include to: Cultural and Linguistically Appropriate Services Standards (CLAS) and Language Access Services (LAS). (A,B,C,D,E,H,I) 3. Continue with workgroups: for revision, monitoring and establishment of minimum guidelines for all required trainings with a focus on cultural and linguistic need/relevance. (A,B,C,D,E,H,I) 4. Update Demographic User Guide (DUG) Elements #109 Gender Identity and #110 Sexual Orientation; provide Training of the Trainer (TOT). (A,B,D,E,F,I) 5. Cultural Competency 101: Embracing Diversity: increase number of master trainers, lead facilitators, and continue to conduct trainings of new curriculum. (A,B,D,E,G,I)	1. Ongoing.  2. Annually and Ongoing.  3. Ongoing.  4. January 2014.  5. September 2014.	A. Maintain a log/list of: trainings, educational forums, professional development opportunities, brownbags, and attendance of participants (submitted upon request). B. Training curriculums, assessments and/or evaluations. C. Workforce Development Databases. D. Cultural Competency and Workforce Development Quarterly Reports. E. Workforce Development and Training Plans. F. Training of the Trainers (TOTs). G. Lead Facilitator Trainings and Master Trainers. H. Cultural Competency and Workforce Development site visits. I. Cultural Competency Steering Committee (CCSC) updates.	

<sup>1</sup> BCC=Bureau of Corporate Compliance

<sup>2</sup> BIS= Business Information Systems

<sup>3</sup> BQI=Bureau of Quality and Integration

<sup>4</sup> OIFA= Office of Individual and Family Affairs

<sup>5</sup> OHCD=Office of Healthcare Development

<sup>6</sup> Sys. of Care= Systems of Care (Adult and Children)

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	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps *(Letters reference measures column)	Dates	Measures (Attachments / Documentation)	Status Update (Comments/Identified Barriers)
			6. Cultural Competency 101: Clinical Cultural and Linguistic Need: develop and implement. (A,B,D,E,I)	6. March 2014.		
9A.2	Provide education, awareness, training and support to behavioral health and behavioral health professionals to meet the needs of culturally diverse populations.	ADHS/DBHS: - BCC - BIS - BQI - Business Fin. - Compliance - Cultural Com. - Grants - OHCD - OHR - OIFA - Communications - Policy - Prevention - Program Ops. - Sys. of Care - Training - Workforce Dev. T/RBHAs	1. Develop and provide workforce/professional development, brownbags and/or educational forums quarterly on cultural competency topics for example: Behavioral Health 101, OIFA 101, Cultural Competency 101 Series, and Fraud, Waste and Program Abuse. (A,B,C,D,E,G,H) 2. Pilot Project: In an effort to track and monitor cultural competency related information pilot year of Workforce Development Databases: Awareness Days, Workforce Development Activities and Curriculum Development. (A,B,C) 3. Higher Education Partnerships: continue with interagency involvement and the educational system (Glendale Community College) with a goal of incorporating, tracking and improving behavioral health information, education, and training for students/professionals preparing to enter the behavioral health and substance abuse/prevention systems. (B,D,G) 4. Provide education and training to individuals related to integrated health and the unique needs of individuals within the transitioning mental health system. (A,B,D,G,H) 5. As opportunities are available, participation in conferences, seminars, forums, committees related to cultural competency topics and reducing health disparities. As appropriate, present information in the form of a professional development opportunity for staff. (A,B,C,D,E,F,G,H)	1. Ongoing.  2. Quarterly.  3. September 2014.  4. Ongoing.  5. Ongoing.	A. Maintain a log/list of: trainings, educational forums, professional development opportunities, brownbags, and attendance of participants (submitted upon request). B. Workforce Development and Training Plans. C. Workforce Development Databases. D. Cultural Competency and Workforce Development Quarterly Reports. E. Communication Plans. F. Participation in planning, presenting and volunteering at various cultural events. G. Summary reports to the CCSC. H. Grant, Allocation, Sponsorship and Conference Attendance (GASCA) Committees and processes.	

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	<b>Identified Objective</b>	<b>Assigned Parties: (Responsible for Action Steps)</b>	<b>Action Steps *(Letters reference measures column)</b>	<b>Dates</b>	<b>Measures (Attachments / Documentation)</b>	<b>Status Update (Comments/ Identified Barriers)</b>
<b>9A.3</b>	Improve capacity to work effectively with Tribal Nations.	ADHS: -Native Am. Liaison DBHS: -BCC -Compliance Tribal Adm. -Cultural Com. -Training T/RBHAs -Tribal Liaisons	1. Participate in planning and attend the 2014 Statewide Arizona American Indian Behavioral Health Forum (A,C,E,F) 2. Continue with workgroups to assess, develop, and provide training and/or educational workshops specific to American Indians: (A,B,C,D,E,F) <ul style="list-style-type: none"> <li>How to Work with Tribes 101</li> <li>Involuntary Commitment</li> <li>How to Work with Tribes and Tribal Governance</li> <li>American Indian Values and Behavioral Health Services</li> <li>Historical Trauma and Trauma Informed Care</li> <li>American Indian Elders</li> <li>Understanding Services on Tribal Lands</li> </ul> 3. Coordinate with Corporate Compliance as they move forward with initiatives and work plans to increase oversight, education, and outreach with the Tribes.(A,B,C,D,F,G)	1. Ongoing.  2. Ongoing.  3. Ongoing.	A. Maintain a log/list of: trainings, educational forums, professional development opportunities, and attendance of participants (submitted upon request). B. Training curriculums, assessments and/or evaluations. C. Workforce Development and Training Plans. D. Cultural Competency and Workforce Development Quarterly Reports. E. Adhoc Tribal Liaison Reports. F. Summary updates to CCSC. G. Fraud, Waste, and Program Abuse Trainings.	
<b>9A.4</b>	Continue to incorporate training and educational techniques that are culturally and linguistically effective.	ADHS/DBHS: -Compliance Tribal Adm. -Cultural Com. -OIFA -Prevention -Training -Sys. of Care T/RBHAs	1.As applicable, offer various modalities in training formats and topics related to overrepresented/underserved populations with a focus on: reducing health disparities, culturally competent care, language access services and organizational climate. (A,B,C,D,E) 2.Developing alternative training formats: self-study modules, videotaping (Vidyo), e-learning (Adobe Connect, GotoMeeting), web-based (Knowledge Presenter, HRIS) and in-person workshops that meet the needs of diverse populations and are culturally and linguistic appropriate for example CLAS, LAS. (A,B,C,D,E)	1. Ongoing.  2. Ongoing.  3. Ongoing.	A. Maintain a log/list of: trainings, educational forums, professional development opportunities, brownbags, and attendance of participants (submitted upon request). B. Cultural Competency and Workforce Development Quarterly Reports. C. Workforce Development and Training Plans.	



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	<b>Identified Objective</b>	<b>Assigned Parties: (Responsible for Action Steps)</b>	<b>Action Steps *(Letters reference measures column)</b>	<b>Dates</b>	<b>Measures (Attachments / Documentation)</b>	<b>Status Update (Comments/Identified Barriers)</b>
			3. Support the Peer workforce with the Peer Support Specialist certification and training review processes to include cultural needs. (A,B,C,D,E)		D. System of Care Plans. E. Summary updates to CCSC.	
<b>9B</b>	<b>Collaborative Partnerships with Community Based Organizations</b>					
<b>9B.1</b>	Ensure inclusion of the Peer and Family Member.	ADHS/DBHS: -BIS -OIFA -OHCD -Sys. of Care -Training T/RBHAs	1. Continue work with the OIFA Advisory Council to guide statewide community needs with a goal of increasing culturally and linguistically diverse peer and family representation within various committees. (A,B,H) 2. ADHS/DBHS in collaboration with Arizona Peer and Family Coalition to outreach to diverse populations in: recruitment, development, training, networking and mentoring of peer and family member interns. (B,C,G,H,I) 3. OIFA in collaboration with the Arizona Mental Health Criminal Justice Association coordinate meetings to increase awareness specific to juvenile justice populations to reduce the health disparities gaps. (B,H) 4. Continue to utilize focus group processes to provide needs assessment, community member participation and outreach to underrepresented/underserved populations, such as the Community Engagement for Greater Arizona Committee. (B,C,D,E,G,H) 5. Promote peer and family involvement by standardizing the minimum competencies of trainings and increasing opportunities for involvement at all levels of the system of care. (D,E,G,H,I)	1. Ongoing.  2. Ongoing.  3. Ongoing.  4. Ongoing.  5. Ongoing.	A. OIFA Advisory Council Agenda and Attendance. B. Quarterly report indicating initiatives, programs, and general community involvement led by the OIFA. C. Assessment Reports and Surveys. D. Workforce Development and Training Plans. E. System of Care Plans. F. Workforce Development Databases. G. Cultural Competency and Workforce Development Quarterly Reports. H. Summary updates to CCSC. I. Peer Curriculum Certification Processes.	

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9B.2	Reduce behavioral health disparities.	ADHS/DBHS: -Compliance Tribal Adm. -Cultural Com. -BIS -BQI -Grants -Prevention -Sys. of Care -Training T/RBHAs	<p>1. Continue to identify health disparities within substance abuse population data with analysis for cultural influences in areas of: race/ethnicity, age groups, sex (gender), pregnant women, women with dependent children, employment, education, and criminal activity. In addition, support analysis of multiple reporting to ensure consistency in demographics. (A,B,C,Q)</p> <p>2. Older Adult and Aging Initiative: strategic planning and provision of trainings/educational forums specific to the population. (D,E,F,M,N,O,P,Q,R)</p> <p>3. Military/Veteran//Disabled Military and Military Family Members Initiatives: participate in the Coalition for Military Families. Provide access to At-Risk trainings for military families and collaborate with the Tribal Veterans' Office to identify Veteran Tribal Needs. Increase ability and comfort of behavioral health providers to provide culturally competency services for services members, veterans and their families. (D,I,J,M,N,O,P,Q,R)</p> <p>4. Criminal Justice System's Initiative: explore access to services and coordination of care specific to adult and juvenile justice systems. (D,G,M,N,O,P,Q,R)</p> <p>5. Child Protective Services (CPS) Involved Families: monitor access to services, provision of services, coordination of care and outcomes. (D,H,M,N,O,P,Q,R)</p> <p>6. LGBTQ, Gender Identity and Sexual Orientation Initiatives: such as LGBTQ Advisory Committee, data protocols, youth programs, alcohol prevention, climate surveys and coalition efforts. (I,J,K,L,M,N,O,P,Q,R)</p>	<p>1. December 2013.</p> <p>2. Ongoing.</p> <p>3. Ongoing.</p> <p>4. Ongoing.</p> <p>5. Ongoing.</p> <p>6. Ongoing.</p>	<p>A. National Outcome Measures (NOMs) data.</p> <p>B. BQI Dashboards.</p> <p>C. Annual Report on Substance Abuse: Treatment and Programs; analysis report.</p> <p>D. System of Care Plans.</p> <p>E. Participation in the NASMHPD committee on older adults.</p> <p>F. Older Adult Strategic Plan and Trainings as applicable.</p> <p>G. Court and Juvenile Justice Trainings as applicable.</p> <p>H. Best for Babies, Urgent Response Process and Unique Needs Training Protocols.</p> <p>I. RBHA Prevention Evaluations Annual Reports.</p> <p>J. Climate survey outcomes.</p> <p>K. LGBTQ Advisory Committee: agenda and minutes.</p> <p>L. LGBTQ trainings series. Leadership Development Programs for Youth.</p> <p>M. Workforce Development Databases.</p> <p>N. Cultural Competency and Workforce Development Quarterly Reports.</p>	

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	<b>Identified Objective</b>	<b>Assigned Parties: (Responsible for Action Steps)</b>	<b>Action Steps (Letters reference measures column)</b>	<b>Dates</b>	<b>Measures (Attachments / Documentation)</b>	<b>Status Update (Comments/Identified Barriers)</b>
			7. National Origin and Arizona/Sonora Border Initiative: continue to collaborate to identify needs, resources and gaps related to substance abuse along the border. Provide technical assistance to border coalitions. (D,I,N,O,P,Q,R) 8. Race and Ethnicity Initiatives: explore access to services of underrepresented/underserved groups with a focus on culturally and linguistic appropriate services. (A,B,C,N,O,P,Q,R) 9. Refugee Initiative: explore access to services, provision of services and coordination of care and outcomes. (I,N,O,P,Q,R) 10. Bullying Initiatives: trainings/educational forums specific to the population. (I,J,K,L,N,O,P,Q,R) 11. Suicide Initiatives: strategic planning and provision of trainings/educational forums specific to the population with a goal of reducing Arizona's suicide rates. (D,I,N,O,P,Q,R) 12. ADHS/DBHS works collaboratively with the T/RBHAs and state agencies to carry out initiatives developed from the initiatives. (D,E,F,G,H,I,J,K,L,N,O,P,Q,R)	7. Ongoing.  8. Ongoing.  9. Ongoing.  10. Ongoing.  11. Ongoing.  12. Ongoing	O. Workforce Development and Training Plans. P. Training curriculums, assessments and/or evaluations. Q. Maintain a log/list of: trainings, educational forums, professional development opportunities, brownbags, and attendance of participants (submitted upon request.). R. Summary updates to CCSC.	
<b>9B.3</b>	Ensure culturally and linguistically appropriate services for the Deaf and/or Hard of Hearing (HOH).	ADHS/DBHS: -BIS -Compliance -Tribal Adm. -Cultural Com. -OIFA -Training - T/RBHAs Arizona Commission for the Deaf and Hard of Hearing (ACDHH)	1. Mental Health Roundtable for the Deaf and HOH Advisory Committee (MHRT) meetings and strategic planning to determine areas of need specific to the populations related to behavioral health. (A,B,F) 2. Continue collaboratively work with T/RBHAs to carry out initiatives developed from the MHRT. (A,B,E,F,G) 3. Continue development of a Deaf and HOH resource guides, trainings, educational opportunities and identify needs specific to the population with a goal of outreach to subject matter experts to assist in action steps. (A,B,C,D,E,F,G)	1. Ongoing.  2. Ongoing.  3. Ongoing.	A. MHRT Advisory Committee: agenda/meeting minutes. B. MHRT Strategic Plan. C. Deaf/HOH Services Survey. D. Organization Culture Assessment. E. Workforce Development and Training Plans. F. Cultural Competency and Workforce Development Quarterly Reports.	

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			4. Collaborate to complete and implement systemwide training of hospital, behavioral health, and integrated health for providers with a focus on Deaf and HOH cultural and linguistic needs.(A,B,E,F,G)	4. September 2014.	G. Update summaries provided to the CCSC.	
9B.4	Improve Tribal Nation access to T/RBHA behavioral health services.	ADHS: -Native Am. Liaison DBHS: -Compliance -Tribal Adm. -Cultural Com. -Prevention T/RBHA: -Tribal Liaisons	1. RBHA Tribal Liaisons: develop, report and promote American Indian initiatives, collaborate with tribes in negotiations, and establish formal agreements to ensure the provision of behavioral health services on and off American Indian reservations. (A,B,C,E,G) 2. Respond to tribal requests for assistance in addressing issues related to behavioral health services.(A,B,C,D,E,G) 3. Continue to review AHCCCS provider requirements non-IHS/638 behavioral health service providers on tribal reservation lands and Affordable Care Act (ACA) guidelines for tribal, cultural and linguistic relevance. (B,C,D,F,G) 4. Continue to collaborate with federal (VA and IHS), state, tribal, and private agencies to improve access to behavioral health services for American Indian military and veterans. (A,B,D,E,G) 5. Participate in ADHS tribal consultation processes when conducting tribal consultation on behavioral health concerns, in accordance with ADHS Tribal Consultation Policy. (B,C,G) 6. Workgroup to identify substance abuse and behavioral health services improvement needs enhancing services provision. (F,G)	1. Ongoing.  2. Ongoing.  3. Bi-Monthly and ongoing.  4. Ongoing.  5. Ongoing.  6. Ongoing.	A. Bi-Monthly coordination meetings discuss issues related to American Indians access to service: meeting summaries.  B. State Behavioral Health Planning Council Agenda and minutes. C. Annual Prevention Evaluations Annual Reports. D. ADHS Tribal Consultation Policy. E. Adhoc Tribal Liaison Reports. F. Workgroup analysis of tribal inclusion. G. Summary updates to CCSC.	

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<b>9B.5</b>	Reduce discrimination/stigma associated with mental illness.	ADHS/DBHS: -BIS -OIFA -OHCD -Program Ops. -Training T/RBHAs	1. Conduct a Dialogues Series to include: trainings, support, advocacy and stigma reduction ensuring outreach to diverse populations with focus on Arizona American Indian Tribes, Deaf, Hard of Hearing and juvenile justice populations. (A,D,E,F) 2. Continue to participate in planning and volunteering at the annual National Alliance on Mental Illness (NAMI) Walk including the DBHS' Stigma Stompers. (D,E,F) 3. Homeless population: continue education and awareness with a focus on identification of cultural and linguistic need. For example, SSI/SSDI Outreach, Access and Recovery (SOAR) (B,C,D,E,F)	1.Ongoing.  2.October 2013  3.September 2014.	A. Dialogue Evaluations, Work plans, and speaker bureaus. B. Housing Spending and Inventory Plan. C. Supervisory Care Home Report. D. Workforce Development and Training Plans. E. Cultural Competency and Workforce Development Quarterly Reports. F. Summary updates to CCSC.	
<b>9C</b>	<b>System Health Integration</b>					
<b>9C.1</b>	Establish culturally and linguistically appropriate health integration services for diverse populations.	ADHS/DBHS: -Compliance Tribal Adm. - Communications -Cultural Com. - OIFA -OHCD -Sys. of Care -Training T/RBHAs ASU-Center for Applied Behavioral Health Policy	1. Continue to monitor and identify strategies of health initiatives related to health integration and cultural and linguistic relevance. (A,B,C,I) 2. Continue to collaborate to utilize effective outreach models with diverse populations, as applicable. (A,B,C,I) 3. Peer and Family engagement workgroups to focus on health disparities, integrated care and cultural and linguistic relevance. (A,B,C,D,E,I) 4. Improve coordination of services across medical and behavioral health systems, demonstrating medical and behavioral health integration through collaboration. (A,C,I) 5. Partnership with ASU to identify training opportunities within: prevention, services, workforce enhancement, program development and evaluation; to target best practices for underrepresented/underserved populations, such as, At-Risk Families, Transition Youth, and CPS. (A,C,D,F,G,H,I)	1. Ongoing.  2. Ongoing.  3. Ongoing.  4. Ongoing.  5. Ongoing.	A. System of Care Plans. B. DBHS Communications Plan. C. Workforce Development and Training Plans. D. Cultural Competency and Workforce Development Quarterly Reports. E. Workgroup Findings. F. Workforce Development Databases. G. Workforce Development Operations Committee. H. Training Curriculums as applicable. I. Summary updates to CCSC.	

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<b>9C.2</b>	Increase Trauma Informed Care (TIC) and culturally competent awareness efforts to reach diverse populations.	ADHS/DBHS: -Compliance Tribal Adm. -Cultural Com. -OHCD -OIFA -Communications. -Sys. of Care -Training T/RBHAs	1. Based on community needs results assessments, develop plans to revise current human services/human resources practices, procedures and other tools to reflect the Trauma Informed Care philosophy inclusive of cultural and linguistic needs. (A,B,C,D,F) 2. Continue to collaborate and network with various entities to identify educational needs, trainings and tools, specifically related to public health and behavioral health community integration and cultural relevance.(A,B,C,D,E,F)	1. Ongoing.  2. Ongoing.	A. System of Care Plans. B. TIC Work Plans and Surveys. C. Workforce Development and Training Plans. D. Maintain a log/list of: trainings and attendance lists (submitted upon request). E. Workforce Development Databases. F. Summary updates to CCSC.	
<b>9C.3</b>	Utilize assessments to identify cultural competency trends: CLAS, LEP, national standards and cultural considerations at all levels.	ADHS/DBHS: -Compliance -Cultural Com. -BIS -Grants -Sys. of Care -T/RBHAs	1. Organization Culture Assessment (OAC): continue to implement, develop processes, and utilize the OAC to assess strengths, needs, gaps, outline strategies, and include in DBHS plans as applicable. (A,B,C,F,H) 2. Collaborate with ADHS, DBHS, T/RBHAs, providers and other state agencies to identify utilization of OAC statewide. (A,B,C,F,H) 3. Culturally and linguistically relevant initiatives development based on findings of assessments. (A,B,C,H) 4. Streamline climate surveys of Deaf, Hard of Hearing, LGBTQ, and underrepresented/underserved populations. (A,B,C,F,G)	1. September 2014.  2. Ongoing.  3. Ongoing.  4. September 2014 and ongoing.	A. OAC Survey Tools. B. Assessment Protocols. C. OAC Summary Reports. D. BQI Dashboards E. Systems of Care Plans. F. Cultural Competency and Workforce Development Site Visits. G. Climate Surveys: Deaf and HOH, LGBTQ. H. Summary updates to CCSC.	
<b>9C.4</b>	Continue to conduct the consumer satisfaction surveys and assess for cultural and linguistic competency.	ADHS/DBHS: -Compliance Tribal Adm -Cultural Com. -BIS -BQI T/RBHAs	1. Consumer Satisfaction Surveys Adult/Youth: Feedback will be provided for input and analysis of cultural competency areas (Adult Consumer Survey (MHSIP) and Youth Services Survey for Families (YSS-F). (A,B,C,E) 2. Analysis for trends to cultural and linguistic needs. (A,E) 3. Workgroup will analyze: tools, processes and make recommendations for American Indians specific to culturally and linguistically appropriate survey tools.(A,B,C,D,E)	1. Annually.  2. Annually.  3. September 2014.	A. MHSIP and YSS-F Reports. B. MHSIP and YSS-F Tools. C. BQI Plans. D. Workgroup findings and recommendations. E. Summary updates to CCSC.	

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9C.5	Continue coordination of quality of care processes to assess for provisions of culturally and linguistically relevant services and consumer satisfaction.	ADHS/DBHS: -BQI -Customer Ser. -Sys. of Care T/RBHAs	1.Track and monitor member complaints and grievances related to cultural and linguistic needs: process, trends, and resolution updates. (A,B,C,D,E,F,G,H) 2. Monitor service plans and assessments for the inclusion of cultural (i.e. age, sex, gender identity, sexual orientation, race, ethnicity, tribal affiliation, military/veterans, national origin) and linguistic (i.e. primary, preferred, alternative) needs. (A,D,G,H) 3. Identify components related to the provision of culturally and linguistically appropriate services from multiple areas: customer service databases, site visits and existing reports appropriate services. (F,H)	1. Quarterly and Ongoing.  2. Ongoing.  3. September 2014.	A. BQI Plans. B. Grievance System Report. C. Cultural Needs Complaint Reports. D. Performance data validations. E. Complaint Logs. F. Customer Service Database. G. Cultural Competency and Workforce Development site visits. H. Summary updates to CCSC.	
9C.6	Remove barriers to appropriate care through advocacy and Special Assistance. (Specific to persons designated with a Serious Mental Illness (SMI)).	ADHS/DBHS: -Cultural Com. -Office of Human Rights (OHR) -OIFA -Sys. of Care. T/RBHAs	1. Through general advocacy and the Special Assistance process, identify needs of specialty populations and work collaboratively to advocate and support individuals' access to and receipt of needed services. (A,B,C) 2. Provide educational workshops to individuals and/or trainings to staff, which include individual and systemic information about culturally and linguistically appropriate services. (A,B,D,F,G,H) 3. Collaborative efforts in development of trainings to meet the needs of Arizona Family and Peers Coalition (AzFPC) with goals of: advocacy, cultural relevance, education about behavioral health systems and professional development of leadership in communication for outreach and community education. (D,E,F,G,H)	1.Ongoing.  2.Ongoing.  3.Ongoing.	A. Special Assistance trainings. B. Educational workshops for persons with a SMI and other stakeholders. C. OHR Monthly Report. D. Maintain a log/list of: trainings and attendance of participants (submitted upon request). E. System of Care Plans. F. Workforce Development and Training Plans. G. Cultural Competency and Workforce Development Quarterly Reports. H. Summary updates to CCSC.	
9C.7	Continue coordination of ADHS/DBHS Plans with a goal of streamlining reporting	ADHS/DBHS: -BIS Network -BQI	1. Network: develop a plan to identify network efficiency within geographical service areas (GSAs) to target all covered services, identify trends, and ensure the inclusion of CLAS and LEP needs. (A,B,E,F)	1. September 2014.	A. Annual Network Plan and Inventory. B. BQI Plans. C. BQI Tools	

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	requirements.	-Cultural Com.	2. BQI Initiative: collaborate with cultural competency to streamline reporting processes related to underrepresented/underserved populations, strategic planning and inclusion of cultural and linguistic needs. For example: BQI tools for assessment and Individual Service Plans (ISPs). (C,D,E,F)	2. September 2014.	D. Cultural Competency and Workforce Development site visits. E. Summary updates to CCSC.	
9C.8	Develop system of care strategic plans with the inclusion of adult and child cultural and linguistic relevance.	ADHS/DBHS: -Cultural Com. -Prevention -Sys. of Care -Training T/RBHAs	1. Increase staff knowledge of health-related topics including connections between physical and mental health and ensure all areas of service delivery, monitoring and planning are inclusive of culturally and linguistic needs. (A,B,C,D,E,G) 2. Birth to 5: improve services by identifying best practices and developing trainings to increase awareness of the culturally and linguistically unique needs of the population. (A,B,C,D,E,G) 3. Children's system of care: continue to monitor the culturally relevant services attuned to the cultural and linguistic needs of the child and family; increase the number of youth who transition to successful adulthood. (A,B,C,D,E,G) 4. Adult's system of care: continue to monitor for culturally relevant services and to streamline reporting processes related to underrepresented/underserved populations and strategic planning with a focus on prevention strategies. (A,B,C,D,E,G) 5. Collaborate on training, curriculum developments and updates to include the cultural and linguistic needs of individuals, family members and families of choice, as applicable. (A,B,C,D,E,G)	1. Ongoing.  2. Ongoing.  3. Ongoing.  4. Ongoing.  5. Annually and Ongoing.	A. System of Care Plans. B. Workforce Development and Training Plans. C. Maintain a log/list of: trainings, educational forums, professional development opportunities, brownbags, and attendance of participants (submitted upon request).  D. Workforce Development Databases. E. Cultural Competency and Workforce Development Quarterly Reports. F. Systems of Care Practice Review (SOCPR) report(s) and reviews. G. Summary updates to CCSC.	



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			6. System of Care Practice Reviews (SOCPR): work collaboratively to develop strategies to increase the ratings of the cultural competency domains. (F,G)	6. Annually and Ongoing.		
<b>9D</b>	<b>Communications, Marketing and Outreach</b>					
<b>9D.1</b>	Continue marketing efforts to educate members on physical health topics with a goal of reducing health disparities.	ADHS: -Public Health DBHS: -Communications -OHCD -Prevention -Training T/RBHAs	1. Quarterly Health Initiatives (QHI): Conduct and support to focus on information that reduces health disparities in collaboration with T/RBHAs. (A,B,C,H) 2. Develop materials that are culturally and linguistically appropriate for Arizona members and medical providers for the implementation of mental health services, screenings, interventions, and in medical settings. (A,B,C,H) 3. T/RBHAs are expected to use materials in electronic and/or print form at their discretion. T/RBHAs are expected to encourage providers to place the member information in visible areas to support a culturally welcoming environment. (A,B,C,H) 4. Mental Health First Aid (MHFA): Continue to monitor, provide, and support MHFA system wide trainings and national processes to align with DBHS goals and initiatives. (D,E,F,G,H)	1. Ongoing.  2. Ongoing.  3. Ongoing.  4. June 2013 and ongoing.	A. QHI Materials developed by ADHS/DBHS; and T/RBHAs/providers support the QHI topic of the quarter are welcomed, not required. B. Materials are posted online and available for all T/RBHAs, providers and the public. C. Communications Plan. D. Workforce Development and Training Plans. E. Cultural Competency and Workforce Development Quarterly Reports F. MHFA Reports. G. Maintain a log/list of trainings and attendance of participants (submitted upon request). H. Summary updates to CCSC.	
<b>9D.2</b>	Implement culturally inclusive marketing initiatives to raise mental health awareness and to reduce health disparities.	ADHS/DBHS: -BIS -Cultural Com. -Communications -Prevention -Workforce Dev. T/RBHAs	1. Support and participate in key national observances to raise awareness of mental health. For example: Alcohol Awareness Month, Mental Health Month, Minority Mental Health Month, Recovery Month, Domestic Violence Month, Hispanic Heritage Month, Black History Month, Native American Month, Asian-Pacific Islander Month, and Mental Health Awareness Week. (A,C,G,H).	1. Ongoing.	A. Communications Plan. B. System of Care Plans. C. Workforce Development and Cultural Competency Quarterly Report. D. LGBTQ Advisory Committee: agenda and minutes.	

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	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps *(Letters reference measures column)	Dates	Measures (Attachments / Documentation)	Status Update (Comments/Identified Barriers)
			2. Social marketing: continue efforts to: educate members about behavioral health, accessing services and transitioning integrated health care environment for example: Newsletters, Weekly Updates, Twitter, Facebook, ADHS/DBHS Blogs. (A,I) 3. Market utilization of screening and referral procedures to emergency departments, primary care providers, and poison control, ensuring cultural relevance. (B,E,I)	2. Ongoing.  3. Ongoing.	E. Substance Abuse and Treatment Report. F. Workforce Development and Training Plans. G. Maintain a log/list of: trainings and attendance of participants (submitted upon request). H. Workforce Development Databases. I. Summary updates to CCSC.	
9D.3	Participation, inclusion and outreach to culturally diverse populations.	ADHS/DBHS: -Communications -Cultural Com -Training -OIFA T/RBHA	1. Continue to utilize Recovery Works, which includes the Cultural Edge, to communicate, identify and advocate for culturally diverse populations. The Cultural Edge includes a workgroup of peers, family members, T/RBHAs, providers and community participation. (A,B,E,F) 2. Social marketing efforts targeting peer, family members and community to increase awareness of the behavioral health system through "The Weekly Communiqué" and OIFA and ADHS/DBHS web blasts. (A,B,E,F) 3. In collaboration with ASU, researchers and the OIFA continue workgroups to develop and identify statewide cultural needs of Family members and peers. (A,B,D,F) 4. Arizona Stigma Reduction Committee (ASRC): supports, coordinates and collaborates with T/RBHAs and Community-based Stigma Reduction Committees to involve peers, family members and other allies in stigma reduction activities at a local level fostering leadership in geographically and culturally diverse communities. (C,F)	1. Quarterly.  2. Weekly and Ongoing.  3. September 2014.  4. Quarterly and ongoing.	A. Quarterly report indicating initiatives, programs, and general community involvement led by the OIFA. B. Recovery Works/Cultural Edge. C. Arizona Stigma Reduction Committee Agenda and Sign-in sheets (submitted upon request). D. Assessment Reports and Surveys as applicable. E. Communications Plans. F. Summary updates to CCSC.	

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	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps *(Letters reference measures column)	Dates	Measures (Attachments / Documentation)	Status Update (Complete/Identified Barriers)
<b>9E</b>	<b>Data Collection and Report Production</b>					
<b>9E.1</b>	Develop the Annual Diversity Report.	ADHS/DBHS: -CCSC -Cultural Com. -BIS T/RBHAs	1.Utilize the four-year analysis to update the annual report, which provides state level information on diverse populations in Arizona's mental health systems and highlights the importance of cultural, linguistic and social influences in providing effective care. (A,C,D) 2. Identify, trend, and provide recommendations in the reduction of health disparities within the mental health systems of care, based on report findings. (A,B,C,D) 3. Develop baseline initiatives for the following year's Cultural Competency Plan. (C,D)	1. Annually.  2. Annually and ongoing.  3. Annually.	A. Annual Diversity Report. B. System of Care Plans. C. Annual Effectiveness Report of the Cultural Competency Plan. D. Summary updates to CCSC.	
<b>9E.2</b>	Homeless reporting for continuum of care.	ADHS/DBHS: -Cultural Com. -Program Ops. CPSA NARBHA SW Beh. Health	1. Analyze the Projects for Assistance in Transition from Homelessness (PATH) Reports (SMI and/or Co-Occurring Substance Use disorders and are homeless or are at imminent risk of homelessness) to identify cultural and linguistic needs. (A,B,C,E) 2. Identify systemic needs of the homeless population to include culturally and linguistic needs for education, training and outreach strategies for example: SOAR, Homeless Counts and Olmstead. (D,E)	1. Annually.  2. Annually.	A. PATH Quarterly Reports. B. PATH Annual Report. C. Quarterly PATH Meeting Summaries. D. Olmstead Policy and Plan. E. Summary updates provided to CCSC.	
<b>9E.3</b>	Develop the Annual Effectiveness Review of the Cultural Competency Plan.	ADHS/DBHS: -BIS -BQI -Business Fin. -Compliance -Cultural Com. -OHCD -OHR -OIFA -Communications -Policy	1. ADHS/DBHS will work in collaboration with T/RBHAs to complete the ADHS/DBHS Annual Effectiveness Review of the Cultural Competency Plan focusing on: data, outcomes and existing reporting mechanisms for specific cultural and linguistic groups, member satisfaction surveys, member complaints, grievances, provider feedback and contractor employee surveys. (A,B,C,D,E,F,G,H,I,J,K,L)	1. Annually and Ongoing.	A. Workforce Development and Cultural Competency Quarterly Reports. B. Annual Diversity Report. C. Language Services reports. D. Grievance System Reports. E. Performance Validation Reports. F. Prevention Reports.	

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	Identified Objective	Assigned Parties: (Responsible for Action Steps)	Action Steps *(Letters reference measures column)	Dates	Measures (Attachments / Documentation)	Status Update (Comments/Identified Barriers)
		-Prevention -Program Ops. -Sys. of Care -Training -Workforce Dev. T/RBHAs	2. T/RBHAs complete a T/RBHA Annual Effectiveness Review, template to be provided by ADHS/DBHS as part of their Cultural Competency Plan submissions. (A,B,C,D,E,F,G,H,I,J,K,L) 3. All areas within ADHS/DBHS collaborate to ensure updates, information sharing and analyses are completed. (A,B,C,D,E,F,G,H,I,J,K,L)	2. Annually.  3. Annually and ongoing.	G. Training Reports. H. System of Care Reports I. Prevention Reports. J. Quality and Integration Reports. K. Consumer Satisfaction Surveys. L. Summary updates from CCSC.	
9E.4	Analyze the Semi-Annual Language Services Report.	ADHS/DBHS: -Cultural Com. -Compliance Tribal Adm -BIS -Business Fin. T/RBHAs	1. Each T/RBHA will provide a report on Language Access Services: Sign-Language, Interpretation, Translation and Traditional Healing Services. (A,B,C) 2. Language Access Workgroup (LAW): continues to analyze the Language Services Reports to identify language capacity, initiatives, and strategies related cultural to linguistic need. (A,B,C)	1. : January, 2013 and July, 2013.  2. Semi-Annually and Ongoing.	A. Semi-Annual Language Services Report: template provided by ADHS/DBHS. B. T/RBHAs Language Services Reports. C. Language Access Workgroup recommendations.	
9E.5	Develop and analyze the Cultural Competency and Workforce Development Quarterly Reports.	ADHS/DBHS: -CCSC -Cultural Com. -BIS T/RBHAs	1. ADHS/DBHS to provide quarterly templates to the T/RBHAs to assist in completion of the deliverables. (A) 2. T/RBHAs use data analysis to identify existing culturally appropriate strategies/initiatives to improve the number of individuals accessing, engaging, and receiving behavioral health services. Reports due to ADHS/DBHS thirty (30) days after quarter end.(A,B,C,D)	1. Quarterly  2. Quarterly	A. Cultural Competency and Workforce Development Quarterly Report Template. B. Workforce Development and Training Plans. C. Cultural Competency and Workforce Development Quarterly Reports. D. Summary reports to the CCSC.	
9E.6	Rehabilitation Progress Reports and systems of care initiatives for employment and cultural need.	ADHS/DBHS: -Sys. of Care -Employment -Training RBHAs	1. Identify initiatives related to employment-based need with a focus on culturally and linguistically specific groups. (A,B,C,D,E) 2. Present rehabilitation findings in statewide format from ADHS/DBHS to RBHAs. (A,B,E) 3. Increase opportunities for individuals to engage in informed decision making regarding employment opportunities, to include components of cultural and linguistic needs. (B,D,E)	1. Ongoing.  2. Ongoing.  3. Ongoing.	A. Quarterly IGA Core group meetings. B. RBHA Quarterly Rehabilitation Progress Reports. C. Annual Summary Report: October, 2013. D. System of Care Plans E. Summary updates to CCSC.	

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	<b>Identified Objective</b>	<b>Assigned Parties: (Responsible for Action Steps)</b>	<b>Action Steps *(Letters reference measures column)</b>	<b>Dates</b>	<b>Measures (Attachments / Documentation)</b>	<b>Status Update (Comments/ Identified Barriers)</b>
<b>9F</b>	<b>Policies, Procedures and Regulations</b>					
<b>9F.1</b>	Develop and maintain policies outlining requirements for direct care service providers. Requirements must incorporate cultural and linguistic need.	ADHS/DBHS: -Cultural Com. -Policy T/RBHAs	1. Require, maintain and update policy within the Provider Manual to establish requirements for providers within the public behavioral health system to include cultural and linguistic needs. (A) 2. Revise the Provider Manual section in accordance with the ADHS/DBHS policy revision schedule or more frequently, when necessary. (A) 3. In an effort to increase monitoring and tracking of language access services; update the encounters process and definitions. (B)	1. March 2014.  2. Biennially, as applicable.  3. January 2014.	A. ADHS/DBHS and T/RBHA Provider Manual Section 3.23, Cultural Competence.  B. Covered Services Guide.	
<b>9F.2</b>	Develop and maintain policies outlining requirements of responsibilities of ADHS/DBHS and T/RBHAs. Requirements must incorporate cultural and linguistic need	ADHS/DBHS: -Cultural Com. -Policy T/RBHAs	1. Maintain a policy within the ADHS/DBHS Policy and Procedures Manual to establish requirements and oversight functions of ADHS/DBHS and T/RBHAs. (A) 2. Revise the Policy and Procedures Manual section in accordance with the ADHS/DBHS policy revision schedule or more frequently, when necessary. (A)	1. Ongoing.  2. Biennially, as applicable	A. ADHS/DBHS Policy and Procedures Manual CO 1.2, Cultural Competence.	
<b>9F.3</b>	Ensure inclusion, monitoring and implementation of the CLAS Standards and Federal Regulations associated with culturally and linguistically	ADHS/DBHS: -Compliance -Cultural Com. -OHCD -Policy -Workforce Dev. T/RBHAs	1. CLAS Summit: focus on CLAS standards, LEP, LAS, and cultural and linguistic considerations at all levels; assess the need, outline strategies, develop processes, and create tools to align with all levels of the system providing an infrastructure to support the inclusion of the CLAS standards. (A,B,C,D,E,F) 2. Develop processes and tools to ensure monitoring and compliance of the CLAS Standards. (B,C,E,F)	1. Ongoing.  2. Ongoing.	A. Reports, presentations, summary findings and/or recommendations, as applicable. B. CLAS Standards Tools. C. CLAS curriculums, as applicable. D. Update policies and protocols	

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	<b>Identified Objective</b>	<b>Assigned Parties: (Responsible for Action Steps)</b>	<b>Action Steps *(Letters reference measures column)</b>	<b>Dates</b>	<b>Measures (Attachments / Documentation)</b>	<b>Status Update (Comments/ Identified Barriers)</b>
	competent mental health services.		3. Research national standards, reports, and changes in federal and state laws, and conduct analysis of impact or applicability in Arizona's public and mental health systems. (A,B,C,D,F) 4. Develop/update relevant ADHS/DBHS policies, plans, and division documents based on findings from research of national standards, reports, and changes in laws. (A,D,F).	3. Ongoing. 4. Ongoing.	as applicable. E. Cultural Competency and Workforce Development Site Visits. F. Summaries to CCSC.	
9F.4	Monitor and maintain interpretation and written translation procedures for ADHS/DBHS.	ADHS/DBHS: -Cultural Com. -Policy -Workforce Dev.	1. Completion and implementation of ADHS/DBHS Language Access Services policies and procedures. (A,B,C,D,E,F) 2. Pilot the Language Access Services Database with continued analysis of best practices and procedural improvement needs. (A,B,C,D,E,F) 3. Perform all translations/revisions for member information materials in accordance with State and Federal mandates for provision of Limited English Proficiency services. (A,B,C,D,E,F) 4. Collaborate with ADHS to assist in development of Language Access Services policy and process. (A,B,C,D,E,F)	1. January 2014. 2. January 2014. 3. Ongoing. 4. October 2014 and ongoing.	A. Language Access Services Policy.. B. Language Access Services Protocol. C. Language Access Services Request Form. D. Provide and produce reports, as applicable. E. Interpretation and Translation Report. F. Summary updates to CCSC.	
9F.5	Ensure T/RBHAs abide by all local, state and federal housing laws.	ADHS/DBHS: -Sys. of Care Housing T/RBHAs: -Contracted housing Providers, landlords and property managers.	1. Through T/RBHA contracting, ADHS/DBHS requires T/RBHAs to abide by laws and protect tenants from discrimination in housing based on a person's race, color, creed, national origin, sex, religion, handicap and/or sexual preference. (A,B,C) 2. T/RBHAs will research and investigate discrimination complaints and seek remedies and resolution, as applicable. (A,B,C) 3. Gather data on housing types and options stock for T/RBHA adults to determine if units meet cultural, linguistic and sex (gender) specific needs of tenants living in the units. (A,B,C). 4. Continue to develop housing initiatives unique to the geographic services areas based on need. (A,B,C,D,E)	1. Ongoing. 2. Ongoing. 3. Ongoing. 4. Ongoing.	A. Annual Review Inspections Reports. B. Annual Housing Inventory Reports. C. Annual T/RBHA Housing Reports. D. Summary updates to the CCSC. E. SAMHSA Housing Fidelity Measure.	